May 12, 2005

COMPLETION REPORT
Volume I of III

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama

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1.0 INTRODUCTION

Roux Associates, Inc. (Roux Associates) has prepared this Completion Report (report), on behalf of Solutia Inc. and Monsanto Company (acting on behalf of Pharmacia Corporation), to describe the remedial activities performed at the 11th Street Ditch located in the City of Anniston, Calhoun County, Alabama. Remedial activities were performed between August 5, 2004 and December 15, 2004 in accordance with the Administrative Order on Consent (AOC) that is Appendix C to the Partial Consent Decree between Solutia Inc., Pharmacia Corporation (hereafter collectively referred to as Parties) and the United States Environmental Protection Agency (USEPA) and the approved Remedial Design dated May 2003 with the exceptions and additions noted in this report. The specific technical requirements for the remediation of the 11th Street Ditch are established in a set of documents collectively referred to as the Contract Documents. The Contract Documents include:

- *11th Street Ditch Remedial Design* drawings (Design Drawings) dated May 2003;
- *Technical Specifications* dated May 2004;
- *Removal Response Action Workplan* dated July 2001;
- *11th Street Ditch Removal Response Action Addendum to Design Documents* (Design Addendum) dated May 2004;
- *Construction Quality Assurance Plan* (CQAP) dated May 2004;
- *Best Management Practices* (BMP) Plan dated May 2004;
- *Dust Control Plan* (DCP) dated May 2004;
- AOC that is Appendix C to the Partial Consent Decree dated August 4, 2003;

- *Environmental Right of Entry and Removal Response Action Agreement* (between Norfolk Southern Railway Company (NRSC) and the Parties dated December 12, 2003.

This report is divided into nine sections. The first section is the introduction to this report and other sections are included as follow:

- Section 2.0 – Background;
- Section 3.0 – Remedial Goals and Summary of Remedial Design;
- Section 4.0 – Summary of Remedial Action;
- Section 5.0 – Construction Quality Assurance;
- Section 6.0 – Remedial Costs;
- Section 7.0 – Operations and Maintenance;
- Section 8.0 – References; and
- Section 9.0 – Certification

An overview of future operations and maintenance (O&M) activities is provided in this report; however, it should be noted that a complete O&M plan has been prepared under separate cover. Supporting tables, figures and appendices are included at the end of this report.

2.0 BACKGROUND

Key background information is included in the following sections including a site description and an overview of site history.

2.1 Site Description

The site includes a designated portion of the 11th Street Ditch which receives stormwater discharges from the Solutia facility and surrounding properties in Anniston, Alabama. The designated portion of the Ditch is approximately 9,560 linear feet (total) and extends along both sides of the NSRC track, within the NSRC rail right-of-way (ROW). The Ditch generally flows from west to east and terminates at Snow Creek. Land use on the north side of the Ditch is primarily property owned by Solutia or vacant, with some residential parcels located across 11th Street near the confluence with Snow Creek. Property on the south side of the Ditch is either owned by Solutia, or is primarily used for commercial purposes. An approximate 400-foot length of ditch located on the Alabama Power Company (APCO) property adjacent to the Solutia facility, was also included as part of the remedy. Figure 1 is a site location map, and key site features are shown on Figure 2 which is a remedial design site plan.

Prior to remedial activities, the western portion of the Ditch (located upstream of Clydesdale Avenue) was generally characterized by thick vegetation and intermittent flow. Upstream of Clydesdale Avenue, some portions of the Ditch contained very steep slopes with significant erosion. Other portions of the Ditch were very flat and poorly defined. Significant features upstream of Clydesdale Avenue include the entrance of the APCO ditch, an approximate 200-foot previously lined ditch segment (B4), a 36-inch "cross-over" pipe that conveys flow from the south ditch under the rail line to the north ditch, a headwall with two 24-inch pipes and several pipes draining the area where a rail spur enters the Solutia facility.

Prior to remedial activities, the eastern portion of the Ditch (located downstream of Clydesdale Avenue) was characterized by steep, eroded slopes with some vegetation on the north side of the rail line and continuous flow. The portion of the Ditch requiring remediation on the south side is small and shallow and terminates approximately 1,100 feet east of Clydesdale Avenue. Another

portion of the Ditch that was remediated extends approximately 250 feet along an abandoned rail line east of Clydesdale Avenue. The entire northern ditch was remediated between Clydesdale Avenue and Snow Creek. Significant features downstream of Clydesdale Avenue include a previously exposed water line in the north bank of the Ditch, a railroad bridge culvert conveying off-site water into the Ditch, an approximate 8-foot by 6-foot culvert under McDaniel Avenue and the terminus of the Ditch in Snow Creek.

2.2 Site History

Impacted sediments were identified as part of a dredging project in the 11th Street Ditch completed by Monsanto Company at the request of the Alabama Department of Environmental Management (ADEM) and USEPA, in 1990. Subsequent sampling was performed in 1995 and 1996 in accordance with an AOC (No. 96-054-CHW) and a Resource Conservation and Recovery Act (RCRA) permit under the oversight of the ADEM and USEPA. The 1995 and 1996 sampling indicated the presence of polychlorinated biphenyls (PCBs) in the Ditch sediments. The following activities were then performed under ADEM oversight:

- Submission of an *Off-Site Interim Measures Plan* approved by ADEM in August 1998;
- Performance of a preliminary feasibility study and options analysis for potential remedial technologies to address PCB-containing sediments in the Ditch;
- Submission of an *Options Analysis Technical Memorandum, Off-Site Interim Measures Plan* approved by ADEM in May 1999;
- Submission to ADEM of a sampling and analysis plan to delineate PCB-containing sediments in the Ditch dated July 1999;
- ADEM determination that proposed measures would be considered a final remedy in correspondence dated July 13, 1999; and
- Submission of a *Corrective Measures Study* to ADEM in October 1999.

Delineation sampling was performed in the Ditch during two sampling events in April 2000, indicating the presence of PCBs at varying concentrations throughout the portion of the Ditch located upstream of Clydesdale Avenue south of the rail line and the portion of the Ditch located downstream of Clydesdale Avenue north of the rail line. The results of these sampling events were presented in the *North Railroad Ditch Sediment Sampling Report* and the *11th Street Ditch Sediment Sampling Report*, both dated October 2000.

The Parties and USEPA entered into an AOC in October 2000 which required Solutia to submit a sampling plan for portions of the Ditch that had not been previously sampled. The remaining portions of the Ditch, including the APCO ditch, were sampled in April 2001. PCBs were also detected at varying concentrations in the remaining portions of the Ditch. Results were presented in the *Sediment Sampling Report* dated June 2001.

In accordance with the AOC, a *Removal Response Action Work Plan* (RAWP) was submitted to USEPA in July 2001. The USEPA provided comments in correspondence dated February 4, 2002 and Roux Associates provided a response to USEPA's comments and outlined the proposed response action in correspondence dated March 13, 2002. Solutia requested a formal approval of the RAWP which USEPA provided in correspondence dated March 25, 2002 and April 4, 2002. It should be noted that a new AOC, dated October 5, 2001, was signed during this time. This AOC was incorporated as Appendix C into a Partial Consent Decree entered by Federal court on August 4, 2003. The October 5, 2001 AOC is included as Appendix A, and key USEPA correspondence is included as Appendix B.

Subsequent to approval of the RAWP, Roux Associates prepared the Remedial Design dated May 2003 (drawings) and May 2004 (all other design documents). The Remedial Design is described in additional detail in Section 3.2.

3.0 REMEDIAL GOALS AND SUMMARY OF REMEDIAL DESIGN

This section presents the remedial goals as provided in the AOC and a description of the Remedial Design.

3.1 Remedial Goals

The AOC established the following goals for remediation of the 11th Street Ditch:

- Prevent the potential for direct contact with soils and sediments with a PCB concentration of 10 milligrams per kilogram (mg/kg) or higher; and

- Prevent the release of soils and sediments with a PCB concentration exceeding 1 mg/kg.

These remedial goals were achieved through select excavation and disposal of impacted soils and sediments and installation of a liner within the Ditch. The Remedial Design is discussed in Section 3.2, and the details of the Remedial Action are described in Section 4.0.

3.2 Summary of Remedial Design

Roux Associates developed a Remedial Design for the site that meets all of the stated remedial goals in the AOC. Detailed descriptions of construction activities (including field modifications) and construction quality assurance are included in Sections 4.0 and 5.0, respectively. A general description of the primary Remedial Design elements is provided below. A site plan showing the Remedial Design elements is included as Figure 2. It should be noted that ditch segments B7 and C8 did not require remedial action as PCB concentrations were less than 1.0 mg/kg. Ditch segment D3 will be addressed in future floodplain corrective action programs with other floodplain areas adjacent to the defined ditch, if required.

Excavation was proposed in portions of the Ditch in which samples indicated PCB concentrations above 10 mg/kg. The ditch sidewalls were excavated to a depth of 6 inches and the Ditch bottom was excavated to a depth of 6 inches or 12 inches, dependent upon the observed sediment depth (determined during pre-design studies). Soils and sediments with PCB concentrations less than 50 mg/kg (non-TSCA) were transported to Three Corners Landfill in

Piedmont, Alabama for disposal. Soils and sediments with PCB concentrations greater than or equal to 50 mg/kg (TSCA) were transported to Chemical Waste Management's TSCA-approved facility in Emelle, Alabama for disposal.

Subsequent to excavation, a liner was installed within the Ditch. The original design, as presented in the May 2003 Design Drawings, included a 10-ounce nonwoven geotextile overlain by a 40-mil linear low density polyethylene (LLDPE) liner and 6 inches of wire mesh-reinforced concrete in most of the Ditch with alternate designs in select ditch segments. In the Design Addendum dated May 2004, the geotextile and LLDPE liner were replaced with a geocomposite consisting of a 6-ounce nonwoven geotextile heat bonded to both sides of a geonet. This design modification was based on the following:

- The geocomposite would provide an improved barrier to prevent soil migration;
- The geocomposite would provide improved drainage behind the concrete, therefore better protecting the future integrity of the concrete; and
- The geocomposite would provide a more suitable subgrade for the concrete and provide a better bond with the concrete.

The May 2004 Design Addendum is included in Appendix C. An additional memorandum further describing the design modifications, transmitted to USEPA on September 24, 2004, is also included in Appendix C.

Contraction joints were installed every 20 feet, and expansion joints were installed every 60 feet along the length of the Ditch. The blackboard expansion joint material originally specified for the project was replaced (as described in the Design Addendum) with a permeable recycled rubber expansion joint material to improve drainage of water conveyed by the geocomposite behind the concrete liner. Recycled rubber curbs were also installed in selected locations within the Ditch to attenuate higher anticipated post-construction flow velocities. As the original ditch cross sections were generally maintained and the vegetation was replaced with concrete

(resulting in a lower Manning's "n" coefficient), the hydraulic capacity of the ditch was improved.

Alternate ditch liners included geotextile with rip rap or ballast. These liners are discussed in further detail in Section 4.0.

4.0 SUMMARY OF REMEDIAL ACTION

The Remedial Action generally included excavation of select soils, disposal and installation of concrete and other liner materials. The remedial activities were performed between August 5, 2004 and December 15, 2004. The Remedial Action was performed under full-time oversight by USEPA, the Parties' Construction Manager, a NSRC representative and part-time oversight by Roux Associates. A NSRC flagman was also on-site full time to oversee activities adjacent to the rail line and provide warning of oncoming trains. Appendix D includes photographs of the site prior to the Remedial Action, during remedial construction activities and after the completion of the Remedial Action. During the course of the Remedial Action, approximately 4,617.5 tons of soil were excavated and disposed including approximately 4061.34 tons containing PCBs at concentrations less than 50 mg/kg and 556.16 tons containing PCBs at concentrations greater than or equal to 50 mg/kg. An additional 440 tons of debris (railroad ties, plates and miscellaneous construction debris) were also removed and disposed. The components of the Remedial Action are identified below, and are described in the following sections:

- Pre-construction activities and access;
- Health and safety;
- Mobilization and site preparation;
- Best management practices;
- Excavation and disposal;
- Concrete liner installation;
- APCO ditch;
- Vegetated swale and Snow Creek;
- Ditch segment D1;
- Ditch segment E1;
- Field modifications and additional construction items;
- Final survey; and
- Demobilization and site restoration.

A description of construction quality assurance activities is included in Section 5.0 of this report.

4.1 Pre-Construction Activities and Access

Pre-construction activities primarily included obtaining access to NSRC's ROW, selection of a Contractor to perform the work and review of Contractor submittals. An Access Agreement was executed by the Parties and NSRC on December 12, 2003. The Access Agreement includes NSRC contact information as well as provisions for future O&M activities as discussed in Section 7.0. A copy of the Access Agreement is included as Appendix E.

A pre-qualified Contractor was selected to perform the Remedial Action based on the most responsive, cost-effective proposal. The project was awarded to Taylor Corporation of Oxford, Alabama in May 2004. A pre-construction meeting was conducted on July 1, 2004 with the Parties' representatives, Taylor Corporation, NSRC and Roux Associates to identify roles and responsibilities of key project personnel, review procedures for Contractor submittals, health and safety, schedule, payment requisitions and other general administrative issues. NSRC requirements including procurement of a flagman and safety training were also discussed during the pre-construction meeting. Additional project meetings were held during construction as needed to review technical issues and scheduling. Copies of project meeting minutes are maintained in Solutia's project files at the Anniston facility.

Prior to commencement of remedial activities at the site, the Contractor provided the following documents for review and approval by the Construction Manager and Roux Associates:

- List of materials and equipment suppliers and manufacturers;
- List of Subcontractors and their qualifications;
- Construction schedule;
- Quality control procedures;
- Health and safety plan and proof of Hazardous Waste Operation (HAZWOPER) and Federal Railway Administration (FRA) training;
- Spill contingency plan;
- Temporary staging and storage plan;
- Soil erosion and sediment control plan;
- Water management plan;
- Decontamination methods and decontamination pad details;

- Clearing and grubbing procedures;
- Excavation and dewatering methods;
- Required test results and certifications for imported materials;
- Manufacturer's literature for geotextile and geocomposite; and
- Concrete design mix.

Work did not commence until the appropriate submittals were submitted and approved. Copies of these submittals are maintained in Solutia's project files at the Anniston facility.

4.2 Health and Safety

A comprehensive health and safety program was implemented at the site and included several components which are described below.

Training

Site personnel who could potentially come into contact with PCB-impacted soils received 40-hour HAZWOPER training in accordance with Occupational Safety and Health Association (OSHA) requirements (29 CFR 1910 and 1926) and received medical clearance. Site personnel also received FRA Roadway Safety Worker training in accordance with CFR Title 49, Part 214, Subpart C.

Health and Safety Plan

The Contractor was required to submit a health and safety plan prepared in accordance with OSHA requirements (29 CFR 1910 and 1926). The health and safety plan was reviewed and approved by the Construction Manager and Roux Associates prior to beginning work at the site.

Daily Tailgate Health and Safety Meetings

Daily tailgate health and safety meetings were conducted each morning prior to commencement of work activities for that day. The health and safety meetings were led by the Contractor's site health and safety officer and NSRC's flagman. Various appropriate health and safety topics were covered each day, and railroad safety procedures were discussed during every meeting.

Railroad Safety

In addition to providing FRA Roadway Worker Safety training to all on-site personnel, a NSCR flagman was on site during construction activities occurring within the ROW. The NSCR flagman reviewed railroad safety procedures with site personnel on a daily basis, provided warning of oncoming trains and coordinated work within fouling distance (4 feet) of the tracks.

Traffic Safety

A portion of the Remedial Action was performed adjacent to a public road (11th Street). Signs and orange barricades were set up to warn oncoming traffic of construction activities. Site personnel directed all equipment and truck traffic onto and off of 11th Street. A police officer also provided traffic direction and ensured that traffic was slowing down proximate to the site.

Dust Monitoring

Dust monitoring was performed throughout the project in accordance with Roux Associates' *Dust Control Plan* dated May 2004. Appropriate dust control measures, such as water spraying, were applied as appropriate. Dust control is discussed in further detail in Sections 4.5 and 5.1.

Successful implementation of this comprehensive health and safety program resulted in over 15,000 safe manhours worked at the site. There were no OSHA-recordable injuries.

4.4 Mobilization and Site Preparation

The Contractor mobilized to the site on July 19, 2004, and remedial activities began on August 5, 2004. The Construction Manager also mobilized to the site on July 19, 2004 and provided construction management for the duration of the Remedial Action. Prior to initiation of the major remedial construction activities, several site preparation tasks were performed including:

- Verification of on-site utilities within the work zone prior to initiating any intrusive activities;
- Set-up and operation of temporary construction utilities and facilities including a trailer, sanitary facilities and emergency response materials;
- Installation of soil erosion and sediment control measures;

- Set-up and operation of systems for management of site water;
- Installation of a decontamination area;
- Clearing and grubbing in work areas; and
- Removal of fence in certain areas as required to perform the work.

Soil erosion and sediment control and water management (collectively referred to as best management practices) are discussed in further detail in Section 4.5.

4.5 Best Management Practices

Best management practices (BMPs) at the site included implementation of soil erosion and sedimentation controls, water management measures and dust control. The Contractor submitted a soil erosion and sediment control plan and a water management plan which were both approved prior to commencement of construction activities. The Contractor was also required to implement BMPs in accordance with the *Best Management Practices Plan* prepared by Roux Associates dated May 2004.

BMPs utilized at the site for soil erosion and sediment controls generally included silt fence, check dams, hay bales and stabilized construction entrances. When practicable, disturbed soil areas were covered with geocomposite prior to rain events. When geocomposite could not be placed prior to the rain event, silt fence and/or hay bales were installed downgradient of the disturbed soil area to minimize soil migration. In addition to the silt fence and hay bales, Applied Polymer Systems (APS) Floc Log, a polyacrylamide-based dust suppression agent, was applied to the disturbed soils to minimize erosion. This material is a flocculent that binds soil particles together, therefore, preventing migration when water flows over a disturbed area.

During excavation activities, upstream water was diverted around the disturbed soil areas using check dams and pumps. In accordance with the BMP Plan, this water was not required to be treated or sampled unless excessive turbidity was observed. Runoff flowing into disturbed areas or otherwise coming into contact with potentially impacted soils was treated utilizing sediment bags and addition of a flocculent. Subsequent to treatment, the water was diverted downstream

of the disturbed work area. Spent sediment bags were characterized based on the PCB concentrations of proximate ditch samples and disposed off-site at the appropriate facility.

Dust monitoring was performed upwind and downwind of the work area to ensure that air-borne particulates did not present a health hazard to site personnel or the community. Water spraying was performed as necessary to minimize dust levels. Dust monitoring results and documentation are discussed in Section 5.1.

4.6 Excavation and Disposal

Prior to excavation of each ditch segment, the Contractor submitted a ditch profile showing bottom excavation depths based on the pre-determined depths of 6 inches below ground surface (bgs) or 12 inches bgs and required slopes to maintain positive flow within the Ditch. The minimum excavation depths of 6 inches bgs and 12 inches bgs were determined as part of pre-design activities and were dependent upon observed sediment depths. All sideslopes in required excavation areas were excavated to 6 inches bgs. Modifications were made to the excavation schedule in certain areas of the Ditch due to field conditions as approved verbally by USEPA in the field. Section 4.12 describes field modifications in further detail.

A total of 4,617.5 tons of soil were disposed from the site (approximately 2,000 tons were anticipated based on the design). Approximately 4,061.34 tons of soil with PCB concentrations below 50 mg/kg (non-TSCA) were transported to Three Corners Landfill in Piedmont, Alabama for disposal. Approximately 556.16 tons of soil with PCB concentrations of 50 mg/kg or higher (TSCA) were transported to Chemical Waste Management's TSCA-approved facility in Emelle, Alabama. The excavated materials generally consisted of disturbed soils including deposited sediments and documented foundry fill. Grubbed subgrade materials were also disposed at the appropriate facility based on the PCB concentrations in the surrounding soils. An additional 440 tons of non-hazardous, miscellaneous construction debris were also collected within the ROW and disposed at Industrial Waste, Inc. in Anniston, Alabama as approved verbally by USEPA in the field. Debris collected within the ROW and disposed included railroad ties, plates, spikes and miscellaneous trash. Table 1 includes a summary of the waste disposed during the project.

Waste manifests for non-TSCA waste and TSCA waste are included in Appendices F and G, respectively. Waste manifests for debris are included in Appendix H.

Gravel was used to backfill certain portions of the Ditch as needed to maintain positive flow (Appendix D, Photos 11, 13 and 18). The ditch was graded and compacted prior to liner placement. Two compaction tests were performed every 250 linear feet to confirm that the Ditch bottom was competent for installation of the concrete liner. Compaction testing is discussed in further detail in Section 5.4. Seven 3-point composite soil samples were collected for PCB analysis subsequent to excavation of certain ditch segments and are discussed in further detail in Section 5.2.

4.7 Concrete Liner Installation

Approximately 6,704 linear feet of ditch were lined with geocomposite and a wire mesh-reinforced concrete with a design strength of 4,000 pounds per square inch (psi). The concrete liner included Ditch segments B1 through B3, B5, B6, C1 through C7, D2, D4, F1, F2 and G1 through G5. Subsequent to Ditch excavation, backfill and compaction, geocomposite was installed. The seams were overlapped in the downstream flow direction and the geocomposite was staked into the subgrade (Appendix D, Photos 12, 13 and 15). Galvanized steel wire mesh was installed on top of the geocomposite and supported using plastic chairs (Appendix D, Photos 12 and 15). A continuous #4 steel reinforcement bar was also installed at the top of each slope. Transitions into headwalls, wingwalls and culverts were reinforced in accordance with the Design Drawings. Concrete was installed in formed sections to a minimum depth of 6 inches. The concrete was poured in some sections and pneumatically applied (shotcrete) in some sections, dependent on the shape of the Ditch (i.e., steepness of the side slopes). Expansion joints, constructed from Reflex™ recycled rubber, were installed every 60 linear feet. Contraction joints, consisting of saw cuts, were installed every 20 linear feet. Five energy dissipator curbs were installed in the Ditch to attenuate higher anticipated post-construction flow velocities. The energy dissipater curbs were also constructed from Reflex™ recycled rubber bolted into the concrete. Surge stone (3-inch to 6-inch diameter) was installed just upstream of Ditch segments B6 and C7 and just downstream of Ditch segment D4 to minimize erosion at the edge of the concrete (Appendix D, Photo 21).

4.8 APCO Ditch

Approximately 420 linear feet of the APCO ditch (segment A1) were lined with concrete only. The pre-existing APCO ditch had an existing rip rap lining (Appendix D, Photo 4). As part of the remedy, shotcrete with a strength of 4,000 psi was applied to the rip rap to fill in the voids between the stones (Appendix D, Photos 10 and 20).

4.9 Vegetated Swale and Snow Creek

Geotextile and rip rap were installed in two locations: the vegetated swale located north of Ditch segment B4 (Appendix D, Photo 23); and the terminus of the Ditch at Snow Creek (Appendix D, Photos 19 and 37). The vegetated swale located north of Ditch segment B4 was lined with a nonwoven geotextile and an approximate 12-inch layer of rip rap to attenuate post-construction flow velocity. The banks of Snow Creek at the terminus of the 11th Street Ditch were lined with a nonwoven geotextile and an approximate 12-inch layer of rip rap to minimize erosion at the terminus of the Ditch. The bottom of Snow Creek at the terminus of the 11th Street Ditch was lined with rip rap only. Concrete was applied to the rip rap directly adjacent to the side slopes of the Ditch to further stabilize the area and attenuate the higher anticipated exit velocity of Ditch flow.

4.10 Ditch Segment D1

Ditch segment D1 is an approximate 2,500-square foot area located east of the railroad relay building between Ditch segments C1 and D2 (Appendix D, Photo 24). Ditch segment D1 was completed prior to the 11th Street Ditch construction activities (earlier in 2004) and included installation of a nonwoven geotextile and approximately 12 inches of gravel.

4.11 Ditch Segment E1

Ditch segment E1 comprises approximately 1,100 linear feet of v-shaped ditch and is located south of the rail line downstream of Clydesdale Avenue (Appendix D, Photo 31). The north side of this Ditch segment comprised an existing ballast embankment. As directed by NSRC due to limitations posed by track maintenance requirements, the southern bank of ditch segment E1 received a nonwoven geotextile and approximately 6 inches of ballast.

4.12 Field Modifications and Additional Construction Items

Several additional construction items and field modifications were required as part of the remedy and are detailed below.

- Approximately 500 feet of NSRC signal cable were relocated within the ROW proximate to Ditch segments C7 and C8 at NSRC's request. A 24-inch wide by 34-inch deep trench was excavated and a nonwoven geotextile "marker" layer was placed at the bottom of the trench. The cable was installed at the bottom of the trench within an approximate 4-inch sand bedding layer. The trench was backfilled with imported common fill, compacted and restored with dense graded aggregate (DGA).

- Ditch segment C4 was not excavated prior to lining as shown in the Design Drawings due to slope failure concerns.

- Rip rap was installed at the upstream edge of Ditch segments B6 and C7 and the downstream edge of D4 to prevent erosion at the edge of the concrete liner.

- Certain areas of the remedy did not include a defined Ditch with positive flow. These areas were generally concentrated around ditch segments B2, B3, C1 and C2. To facilitate improved drainage within the ROW, flat areas were excavated and graded to maintain positive flow, resulting in increased disposal of soils.

- A 4-inch perforated pipe/gravel underdrain that directs water into the eastern end of Ditch segment C1 was installed to facilitate drainage in this portion of the ROW.

- The 24-inch reinforced concrete pipe that conveys flow from Ditch segment C2 to D2 (Appendix D, Photo 6) was clogged. The pipe was cleaned using a dry-bore method, and approximately 39 tons of additional soils were characterized and disposed as non-TSCA waste.

- The footprint of the concrete liner was adjusted in certain locations as directed by NSRC to facilitate future track maintenance and installation and provide a ledge for safe footing along the track.

- The 24-inch steel pipe in Ditch segment D2 was extended using two 12-inch pipes approximately 25 feet to facilitate positive flow in this area.

- A portion of Ditch segment D2 was lined with geotextile and surge stone instead of concrete due to the presence of an exposed 12-inch steel pipe and a poorly defined ditch in this area. The geotextile and surge stone will prevent direct contact with underlying soils and minimize erosion in this area as it is susceptible to flooding from overflow of upstream pipes.

- Due to excessive water seepage in Ditch segment F2, concrete installation was not practicable. Therefore, approximately 20 linear feet of 48-inch reinforced concrete pipe and two 4-inch underdrains were installed in the open concrete chute and tied into the upstream junction box (Appendix D, Photo 33).

- At NSRC's request, approximately 240 feet of PVC conduit with signal cable were installed along the south bank of Ditch segment G5. Due to the small clearance between the track and the bank of the Ditch, the conduit and signal cable were installed to facilitate future signal installation in this area if needed.

- A 24-inch pipe crossing under 11th Street at Brown Avenue was cleaned, extended and tied into the concrete liner at Ditch segment G5.

- Ditch segment G5 was shown in the design drawings as being excavated with all excavated material being disposed as hazardous (≥ 50 ppm PCBs). With USEPA review and approval, Ditch segment G5 was divided into smaller segments according to sample location and respective PCB concentration.

4.13 Final Survey

Surveying was performed throughout the work to confirm excavation/backfill extent and limits, maintain positive drainage within the Ditch and for the purpose of making progress payments. The surveying was performed by Taylor Surveying, Inc., an Alabama State-licensed surveyor. The final as-built survey for the site includes the following sheets:

- Title sheet;
- Site plan;
- Cross sections (3 sheets); and
- Details (2 sheets).

The as-built survey documents the final in-place Ditch remedy including the liner footprint, liner type (concrete, gravel, etc.), energy dissipater curbs and other key remedy features. Certain sheets from the May 2003 Design Drawings were omitted from the as-built survey because they described construction methods and sequencing only and do not represent as-built conditions at the site. These sheets include the Excavation and Lining Schedule (Sheet 5), Soil Erosion and Sediment Control Plan (Sheet 8), Limits of Disturbance (Sheet 9), Total PCB Concentrations and Proposed Remedial Actions (Sheet 10) and certain details (Sheets 6 and 7). The final as-built survey is included as Appendix I.

4.14 Demobilization and Site Restoration

Demobilization and final site restoration activities included the following:

- Decontamination of all site equipment;
- Final grading, seeding and stabilization in disturbed areas;
- Removal of personnel, equipment and materials from the site; and
- A final site inspection performed on December 15, 2004.

It should be noted that the decontamination pad was left in place for potential use on other projects taking place in the area. Four signs were also installed at NSRC's request (Appendix D,

Photos 30 and 35). Two signs are located at Clydesdale Avenue and two signs are located at McDaniel Avenue, as shown on the as-built survey. The signs state the following:

WARNING
DO NOT DIG
ENVIRONMENTAL REMEDY IN PLACE
LOCAL PROJECT CONTACT 256-231-8400
NORFOLK SOUTHERN DIVISION ENGINEER 205-951-4723

5.0 CONSTRUCTION QUALITY ASSURANCE

Quality assurance activities were performed during the work to verify that construction activities were performed in accordance with the Contract Documents. Quality assurance activities were performed in accordance with the CQAP and the Specifications and are described in detail in the following sections.

5.1 Best Management Practices and Dust Control

In accordance with the Contract Documents, BMPs were implemented at the Site to manage site water, prevent soil erosion and sedimentation and control construction-related dust. These activities were performed in accordance with the *Best Management Practices Plan* and the *Dust Control Plan*, both dated May 2004 and prepared by Roux Associates. In addition, the Contractor prepared submittals for BMP and dust control activities that were approved by the Construction Manager and Roux Associates.

BMPs included the installation of silt fence and hay bales as needed to prevent off-site migration of sediments. In addition to the silt fence and hay bales, APC Floc Log, a polyacrylamide-based dust suppression agent, was applied to disturbed soils to minimize erosion. Water management included installation of check dams and pumping clean water in upstream areas around the disturbed work areas. Water that came in contact with disturbed soils was pumped through sediment bags, and the sediment bags were classified based on the PCB concentrations of samples previously collected from that portion of the project. Spent sediment bags were disposed based on their classification. In accordance with the BMP Plan, this water was not required to be treated or sampled unless excessive turbidity was observed. Spent sediment bags were disposed based on their classification. BMPs were inspected daily by site personnel. BMP inspection and certification forms are included as Appendix J.

In accordance with the *Dust Control Plan*, real-time air monitoring was performed by the Contractor at locations upwind and downwind of the work area. Exceedances of the dust monitoring action level were immediately addressed by water spraying the work area or cessation of operations. In some cases, elevated dust levels were a result of operations in an

adjacent concrete plant. Appendix K includes a summary of air monitoring results for the project.

5.2 Soil Samples

Following the excavation of selected Ditch segments, soil samples were collected and analyzed for PCBs for documentation purposes only. In accordance with the CQAP, soil samples were collected as 3-point composites for every 1,000 linear feet of excavation. A total of seven composite samples, designated RR-1 through RR-7, were collected and analyzed for PCBs utilizing USEPA Method 8082. All sampling was performed in accordance with procedures contained in the *Quality Assurance Project Plan for the Anniston PCB Site*, Revision 2 (BB&L, 2005). PCB concentrations in the confirmatory samples ranged from 0.72 mg/kg to 89 mg/kg. Analytical results for composite soil samples are summarized in Table 2, and the laboratory report is included as Appendix L.

5.3 Imported Fill Materials

The following sections describe the quality assurance testing completed for the various imported fill materials that were installed during the project. A summary of the quantities of all imported fill materials is included in Table 3.

5.3.1 Common Fill

Common fill was obtained from a local, private source. Approximately 300 tons of imported common fill were installed within the signal cable relocation trench and certain areas within the ROW and the Ditch. The following quality assurance testing was performed for the common fill:

- Proctor;
- Gradation;
- Atterburg limits; and
- PCBs.

The quality assurance test data for the imported common fill is included in Appendix M.

5.3.2 Ballast

Vulcan Materials Company provided approximately 1,744 tons of 1.5-inch ballast for lining of Ditch segment E1, to raise the elevation in the bottom of the Ditch to maintain positive flow and for restoration of portions of the NSRC ROW adjacent to the Ditch. In accordance with the CQAP, the following quality assurance data were obtained for the ballast:

- Source certification; and
- Gradation.

The quality assurance documentation for the imported ballast is included in Appendix N. It should be noted that ballast supplied by NSRC was utilized to restore the ROW in Ditch segments B, F and G; therefore, quality assurance documentation is not included for that material.

5.3.3 Dense Graded Aggregate

Vulcan Materials Company provided approximately 288 tons of DGA for final restoration within the ROW along Ditch segments C1, D1 and D2. DGA was also used to restore the signal cable relocation area. In accordance with the CQAP, a source certification was obtained for the DGA. The quality assurance documentation for the imported DGA is included in Appendix O.

5.3.4 Rip Rap and Surge Stone

Vulcan Materials Company provided approximately 464 tons of rip rap and surge stone for installation in the following areas to prevent erosion:

- Vegetated swale north of Ditch segment B4;
- At the edge of the concrete liner in Ditch segments B6, C7 and D4;
- In portions of Ditch segment D2; and
- At the terminus of the Ditch in Snow Creek.

The rip rap ranged between 8 inches and 18 inches in diameter, and the surge stone ranged between 3 inches and 6 inches in diameter. In accordance with the CQAP, the following quality assurance data were obtained for the rip rap and surge stone:

- Source certification; and
- Gradation.

The quality assurance documentation for the rip rap is included in Appendix P.

5.4 Density Testing

In accordance with the CQAP, field nuclear density tests (ASTM D2922/D3017) were performed by the Contractor at a frequency of two (2) tests per 250 linear feet of ditch to confirm that the Ditch subgrade was stable prior to liner installation. The minimum required compaction for the Ditch subgrade was 95% of the maximum dry-weight density as determined by the Standard Proctor test. All field density tests met the minimum required 95% compaction. Field density testing results for ditch subgrade materials are included in Appendix Q.

5.5 Geosynthetic Materials

Geosynthetic materials used for this project included 10-oz nonwoven geotextile and geocomposite. The geocomposite consists of 6-oz nonwoven geotextile heat bonded to both sides of a geonet. Geotextile was installed under the ballast in Ditch segment E1, under the rip rap and surge stone in Ditch segment D2 and the rip rap in the vegetated swale and Snow Creek. The geocomposite was installed under the concrete liner. In accordance with the CQAP, manufacturer material qualifications and certifications were provided to ensure that the geosynthetic materials met the requirements of the specifications. Quality assurance documentation for the geotextile and the geocomposite is included in Appendices R and S, respectively. In addition to the quality assurance data, daily inspections were performed by the Contractor to verify proper storage and deployment of the geosynthetic materials.

5.6 Concrete

Concrete for the ditch liner was supplied by Kirkpatrick Concrete, Inc. of Birmingham, Alabama and installed by the Contractor in accordance with the Contract Documents. Prior to placement of the Ditch liner, the Contractor submitted a proposed design mix and wire mesh certification for approval by the Construction Manager and Roux Associates. The concrete used for the Ditch

liner has a compressive strength of 4,000 psi and consists of the following design mix given in pounds per cubic yard (pcy) of concrete:

- 677 pcy cement;
- 169 pcy fly ash;
- 2,135 pcy concrete sand;
- 585 pcy pea gravel; and
- 350 pcy water.

An air entrainment admixture (ASTM C 260) and a retarder (ASTM C 494, Type D) were included in the concrete mix as appropriate dependent on ambient weather conditions. A curing compound (ASTM C 309, Type 2, Class A) was also applied to the concrete as appropriate.

During liner construction, concrete cylinders were collected by the Contractor for compressive strength testing at a frequency of one set (3 cylinders) per 100 cubic yards for the first 1,000 cubic yards. The frequency was reduced to one set of cylinders per 500 cubic yards following approval of the Construction Manager. Compressive strength tests were generally performed at 7 days and 28 days after the collection of the cylinders by Gallet & Associates, Inc. of Oxford, Alabama. In accordance with the Contract Documents, the concrete was conservatively specified to have a minimum compressive strength of 4,000 psi at 28 days. The results of compressive strength testing indicated that five (5) samples out of 58 samples tested failed to meet the specified strength at 28 days. Three of the five samples were tested at 56 days. Two of the samples did not have enough cylinders to be tested at 56 days. The compressive strength test results for these five cylinders are summarized as follow:

Sample ID	Collection Date	Location (Ditch Segment and Station Numbers)	Compressive Strength at 28 Days (psi)	Compressive Strength at 56 Days (psi)
C06615-0013B	10/21/2004	F1, 24+10 – 25+30	3,537	4,280
C06625-0015B	10/25/2004	F1, 23+00 – 24+10	3,396	3,467
C06626-0016B	10/26/2004	G1, 19+15 – 19+75	3,184	3,290
C06633-0017C	10/27/2004	G1, 18+55 – 19+15	3,643	---
C06645-0018C	10/29/2004	G2, 15+00 – 15+60	3,007	---

As shown on the above table, sample C06615-0013B achieved the specified 4,000 psi compressive strength by the 56 day test. Samples C06625-0015B and C06626-0016B did not meet the specified 4,000 psi strength at 56 days, and no cylinders were available to test C06633-0017C and C06645-0018C at 56 days. However, all of the cylinders exceeded 3,000 psi at 28 days, which is sufficient for the design function of the liner at the specified locations, and were increasing in strength when last tested.

Three additional Ditch panels were identified in which too much or too little retarder may have been added to the concrete mix resulting in potential low strength areas. Concrete cylinders were not collected from the delivery trucks for these three panels as they did not correspond with the strength testing frequency; therefore, concrete cores were collected from the in-place concrete for strength testing. Three concrete core samples were collected from each of the three panels to confirm that the concrete exhibited adequate compressive strength. The results from each of the three cores from each panel were averaged and the average result was compared to the specified compressive strength of 4,000 psi. The results of the core sample compressive strength tests were as follow:

Sample ID	Compressive Strength	Average Compressive Strength for Three Cores
Ditch Segment B6		4,285
B6 19+95	3,575	
B6 20+05	4,000	
B6 20+30	5,280	
Ditch Segment B6		3,352
B6 18+50	3,530	
B6 18+30	2,375	
B6 18+10	4,150	
Ditch Segment B3		6,268
B3 10+80	6,485	
B3 10+40	8,275	
B3 9+90	4,045	

As shown on the above table, the core samples from ditch segment B6 between stations 18+10 and 18+50 exhibited an average compressive strength below the specified 4,000 psi. All averages exceeded 3,000 psi and are deemed adequate for the design function of the liner at the specified locations.

In summary, the compressive strength testing (cylinder and core testing) indicated potential low-strength areas at the following five locations:

- Ditch segment F1 between stations 23+00 and 24+10;
- Ditch segment G1 between stations 19+15 and 19+75;
- Ditch segment G1 betweens stations 18+55 and 19+15;
- Ditch segment G2 between stations 15+00 and 15+60; and
- Ditch segment B6 between stations 18+10 and 18+50.

Although these cylinders/cores did not exhibit the specified compressive strength, these panels were not replaced for the following reasons:

- The ditch panels at these locations will not be subject to significant loads, the weight of water flowing in the Ditch is the only expected load;

- The low-strength panels represent a very small area relative to the overall size of the Ditch and are generally bounded by full-strength concrete on both sides;

- There are no structures tied into these panels such as culverts, wingwalls or yard inlets; and

- All of the noted sections exceeded a strength of 3,000 psi, which, although below the conservatively specified 4,000 psi, is adequate for the design function at the specified locations.

Concrete documentation, including the design mix, wire mesh certification and compressive strength test results, is included in Appendix T.

6.0 REMEDIAL COSTS

In accordance with the requirements of the AOC, estimated costs to complete the remedy are presented below:

Engineering, design, permitting and construction oversight	$ 370,000
Construction	$ 1,950,000
Waste disposal	$ 140,000
Total	$ 2,460,000

7.0 OPERATIONS AND MAINTENANCE

Future site controls and O&M will be required to ensure that the remedy remains in place and effective. The Access Agreement (Appendix E) provides for future access within the ROW to perform O&M activities and procedures and notification if invasive railroad work is required such as utility or track installation. An O&M plan has been prepared under separate cover and includes procedures and information required to ensure future effectiveness of the remedy including:

- Contact and notification requirements;
- Description and location of remedy features to be inspected and maintained;
- Repair procedures, if required;
- O&M schedule; and
- Reporting requirements.

Agreements are also in place with the City of Anniston Water Works and Sewer Board and APCO providing notification and procedures to be followed if water line work is required within or adjacent to the limits of the remedy or for property access to inspect and maintain the remedy, respectively.

8.0 REFERENCES

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Solutia Inc., (March 25, 2002), *11th Street Ditch Supplemental Sediment Sampling Report.*

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United States Environmental Protection Agency, (October 5, 2001), *Administrative Order on Consent (Docket No. CER-04-2002-3752).*

United States Environmental Protection Agency, (February 4, 2002), Correspondence to Solutia Inc., *Comments on the July 6, 2001 11th Street Ditch Removal Response Work Plan* and the *October 12, 2001 Correspondence from Solutia Inc. providing additional information to support the proposed removal alternative.*

United States Environmental Protection Agency, (April 4, 2002), Correspondence to Solutia Inc., *Approval of the July 6, 2001 11th Street Ditch Removal Response Work Plan.*

United States Environmental Protection Agency (August, 2003), *Partial Consent Decree.*

9.0 CERTIFICATION

Under penalty of law, I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of the report, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

5/6/05
Signature and Date

Craig R. Branchfield
Name (printed)

Manager, Remedial Projects
Title

Solutia Inc.
Company

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama		
8/12/2004	10055316	16.15
8/13/2004	10055314	15.03
8/16/2004	10055318	15.84
8/20/2004	10055317	14.78
8/21/2004	10055408	14.55
8/21/2004	10055409	17.17
8/23/2004	10055315	15.03
8/24/2004	10055407	20.49
8/25/2004	10055405	22.82
8/25/2004	10055406	14.24
8/25/2004	10055404	11.81
8/26/2004	10055410	14.99
8/26/2004	10055413	0.01
8/26/2004	10055412	23.70
8/26/2004	10055411	14.97
8/27/2004	10055398	14.74
8/27/2004	10055393	13.24
8/27/2004	10055394	25.30
8/27/2004	10055395	8.86
8/27/2004	10055397	13.52
8/27/2004	10055396	17.84
8/28/2004	10055402	12.85
8/28/2004	10055403	14.27
8/28/2004	10055401	13.03
8/30/2004	10055400	16.09
8/30/2004	10055390	15.19
8/30/2004	10055391	22.05
8/30/2004	10055392	16.33
8/30/2004	10055399	16.56
8/31/2004	10055384	18.63
8/31/2004	10055389	16.25
8/31/2004	10055386	16.86
8/31/2004	10055388	17.19
9/1/2004	10055385	20.61
9/1/2004	10055376	18.20
9/1/2004	10055383	17.31
9/1/2004	10055375	19.40
9/1/2004	10055380	19.68
9/1/2004	10055382	21.99
9/1/2004	10055381	21.19
9/2/2004	10055372	18.32
9/2/2004	10055370	21.20
9/2/2004	10055378	17.65
9/2/2004	10055377	14.69
9/2/2004	10055374	11.41
9/3/2004	10055373	18.58
9/3/2004	10055369	22.22
9/3/2004	10055371	22.82
9/4/2004	10056249	17.11

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama		
9/4/2004	10056253	11.31
9/4/2004	10055368	15.48
9/7/2004	10056250	16.78
9/7/2004	10056255	21.63
9/7/2004	10056200	18.82
9/7/2004	10056252	15.99
9/7/2004	10056251	16.34
9/8/2004	10056196	12.18
9/8/2004	10056197	19.17
9/8/2004	10056203	16.95
9/8/2004	10056254	18.46
9/8/2004	10056202	17.84
9/9/2004	10056201	16.00
9/10/2004	10056199	11.38
9/10/2004	10056198	13.32
9/10/2004	10056205	18.18
9/10/2004	10056206	17.60
9/10/2004	10056207	17.31
9/10/2004	10056204	22.29
9/11/2004	10056246	13.51
9/11/2004	10056240	14.27
9/11/2004	10056247	21.16
9/13/2004	10056241	19.12
9/13/2004	10056248	17.12
9/13/2004	10056239	21.90
9/13/2004	10056238	15.12
9/13/2004	10056245	16.81
9/14/2004	10056244	22.69
9/14/2004	10056243	17.72
9/15/2004	10056230	18.19
9/15/2004	10056231	18.62
9/15/2004	10056242	20.32
9/16/2004	10056229	24.00
9/16/2004	10065224	18.11
9/17/2004	10056223	21.70
9/17/2004	10056225	23.01
9/17/2004	10056226	21.39
9/17/2004	10056227	15.64
9/17/2004	10056228	18.53
9/17/2004	10065217	24.66
9/17/2004	10065222	17.68
9/18/2004	391471	22.72
9/18/2004	391474	19.71
9/18/2004	10065220	18.22
9/18/2004	10065221	17.30
9/18/2004	391472	19.97
9/20/2004	391470	21.88
9/20/2004	391469	13.79
9/20/2004	391473	17.95

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama		
9/20/2004	10056216	20.41
9/21/2004	10056215	20.18
9/21/2004	10056214	22.55
9/21/2004	10056213	21.44
9/22/2004	10056208	14.63
9/22/2004	10026210	24.41
9/22/2004	10056211	23.88
9/22/2004	10056212	20.68
9/23/2004	10056218	14.86
9/23/2004	10056209	20.50
9/23/2004	10056232	13.85
9/24/2004	10056235	17.31
9/24/2004	10067430	19.68
9/24/2004	10056236	18.53
9/24/2004	10065219	20.28
9/24/2004	10067433	21.10
9/25/2004	10056237	19.94
9/25/2004	10056406	20.03
9/27/2004	10056409	19.78
9/27/2004	10056408	20.10
9/28/2004	10067410	22.62
9/30/2004	10056411	19.31
10/1/2004	10067407	19.48
10/1/2004	10056233	18.83
10/1/2004	10067412	19.87
10/2/2004	10067432	21.68
10/2/2004	10056234	19.11
10/4/2004	10067428	21.96
10/4/2004	10067429	20.97
10/5/2004	10067413	23.82
10/5/2004	10067363	18.03
10/5/2004	10067402	20.81
10/6/2004	10067396	20.28
10/6/2004	10067397	22.90
10/6/2004	10067364	20.88
10/6/2004	10067415	16.59
10/7/2004	10067370	19.75
10/7/2004	10067360	18.73
10/7/2004	10067395	19.37
10/7/2004	10067359	23.18
10/7/2004	10067372	11.00
10/7/2004	10067414	22.01
10/7/2004	10067371	16.07
10/7/2004	10055387	20.22
10/7/2004	10067416	16.73
10/8/2004	10067373	15.60
10/8/2004	10067377	17.38
10/8/2004	10067401	20.10
10/8/2004	10067361	23.18

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama		
10/8/2004	10067369	20.10
10/8/2004	10067374	20.25
10/8/2004	10067375	20.25
10/8/2004	10067376	17.56
10/8/2004	10067368	19.09
10/9/2004	10067424	27.37
10/9/2004	10067422	20.93
10/9/2004	10067365	25.24
10/11/2004	10067378	21.98
10/11/2004	10067423	19.93
10/11/2004	10067417	18.39
10/11/2004	10067420	21.66
10/11/2004	10067421	17.87
10/12/2004	10067389	23.24
10/12/2004	10067390	25.43
10/12/2004	10067419	20.47
10/13/2004	10067384	23.22
10/13/2004	10067386	22.74
10/13/2004	10067393	19.90
10/13/2004	10067394	21.60
10/14/2004	10076368	26.07
10/18/2004	10076357	21.91
10/18/2004	10076358	23.90
10/19/2004	10076366	21.41
10/19/2004	10076364	22.85
10/19/2004	10076353	17.70
10/20/2004	10076367	22.35
10/20/2004	10076362	23.18
10/20/2004	10076355	22.38
10/21/2004	10076356	15.13
10/23/2004	10076387	12.62
10/23/2004	10076393	11.02
10/25/2004	10076392	18.98
10/25/2004	10076391	18.12
10/25/2004	10076395	16.30
10/25/2004	10076394	10.85
10/26/2004	10076425	14.09
10/26/2004	10076422	18.58
10/26/2004	10076423	15.76
10/26/2004	10076424	15.10
10/26/2004	10076385	16.67
10/26/2004	10076386	12.37
10/27/2004	10076388	18.02
10/27/2004	10076411	17.46
10/27/2004	10076412	16.20
10/27/2004	10076426	12.39
10/28/2004	10076409	16.88
10/28/2004	10076407	13.89
10/28/2004	10076408	14.54

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama		
10/28/2004	10076414	17.91
10/28/2004	10076406	14.36
10/28/2004	10076410	18.01
10/28/2004	10076405	17.15
10/29/2004	10085430	20.71
10/29/2004	10076404	18.58
10/29/2004	10076413	19.89
10/29/2004	10076421	5.76
10/30/2004	10076415	18.08
10/30/2004	10076416	24.89
10/30/2004	10076417	22.37
11/1/2004	10076419	20.47
11/1/2004	10076420	18.83
11/2/2004	10085419	20.04
11/2/2004	10085427	21.38
11/3/2004	10085421	18.75
11/3/2004	10085420	16.34
11/3/2004	10085446	19.36
11/16/2004	10085418	20.04
11/19/2004	10085415	19.35
11/19/2004	10085416	18.81
11/19/2004	10085414	20.57
1/4/2005	10085407	26.16
1/5/2005	10085409	12.39
TOTAL		**4061.34**

Table 1b. Waste Disposal Summary. TSCA Waste. 11st Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Weight (tons)
TSCA (PCB>50 mg/kg) Chemical Waste Management, Emelle, Alabama		
10/12/2004	956683	16.33
10/12/2004	956682	12.91
10/12/2004	956681	15.68
10/13/2004	956686	17.77
10/13/2004	956685	13.79
10/13/2004	956684	12.69
10/14/2004	956687	23.46
10/19/2004	956671	12.02
10/19/2004	956672	11.51
10/19/2004	956670	14.86
10/20/2004	956669	16.52
10/20/2004	956668	11.54
10/21/2004	956666	13.58
10/21/2004	956667	12.10
10/22/2004	956665	10.53
10/22/2004	956664	25.01
10/22/2004	956674	16.19
10/22/2004	956675	13.87
10/23/2004	956688	13.91
10/25/2004	956673	8.57
10/26/2004	956657	9.00
10/29/2004	956659	9.29
10/30/2004	956676	11.99
10/30/2004	956658	8.83
11/2/2004	956656	14.01
11/4/2004	956662	8.87
11/4/2004	956653	13.88
11/5/2004	956646	8.59
11/12/2004	956641	11.67
11/12/2004	956642	11.67
11/15/2004	299754	11.05
11/18/2004	299758	12.81
11/18/2004	299757	14.40
11/21/2004	299750	13.31
11/22/2004	299766	9.11
11/22/2004	299760	10.58
11/22/2004	299764	8.82
11/23/2004	299763	13.61
11/23/2004	299751	10.48
11/23/2004	299752	12.41
11/24/2004	299765	8.29
11/24/2004	299762	14.25
12/1/2004	299748	8.51
12/2/2004	299746	7.89
TOTAL		**556.16**

Table 1c. Waste Disposal Summary. Non-Hazardous Debris. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Date	Manifest No.	Volume (Cubic Yards)
Non-Hazardous Debris, Industrial Waste Inc., Anniston, Alabama		
8/13/2004	30454	20
8/14/2004	30452	24
8/14/2004	30480	20
8/14/2004	30481	20
8/14/2004	30482	20
8/16/2004	30478	20
8/17/2004	30467	20
8/17/2004	30468	22
8/17/2004	30470	22
9/27/2004	30518	19
11/2/2004	30672	35
11/12/2004	30803	23
11/12/2004	30804	15
11/16/2004	30801	25
11/16/2004	30802	20
11/17/2004	30546	23
11/17/2004	30547	35
11/17/2004	30548	35
No Date On Manifest	30502	22
TOTAL		**440**

Table 2. Summary of Soil Sampling Results. 11th Street Ditch Removal Response Action; Anniston, Alabama.

Sample Identification	Date Sampled	Ditch Segment	Station Number	Total PCB (mg/kg dw)
RR-1	8/23/04	C1	75	4.9
RR-2	9/10/04	B6	50	0.72
RR-3	9/22/04	B15	50	0.86 J
RR-4	10/7/04	C9	90	8.89 J
RR-5	10/27/04	F24	00	5.86
RR-6	11/16/04	G0	75	89
RR-7	12/16/04	E5	00	0.75

mg/kg = milligrams per kilogram dry weight.
J = Value is estimated.

Table 3. Summary of Imported Materials. 11th Street Ditch Removal Response Action. Anniston, Alabama.

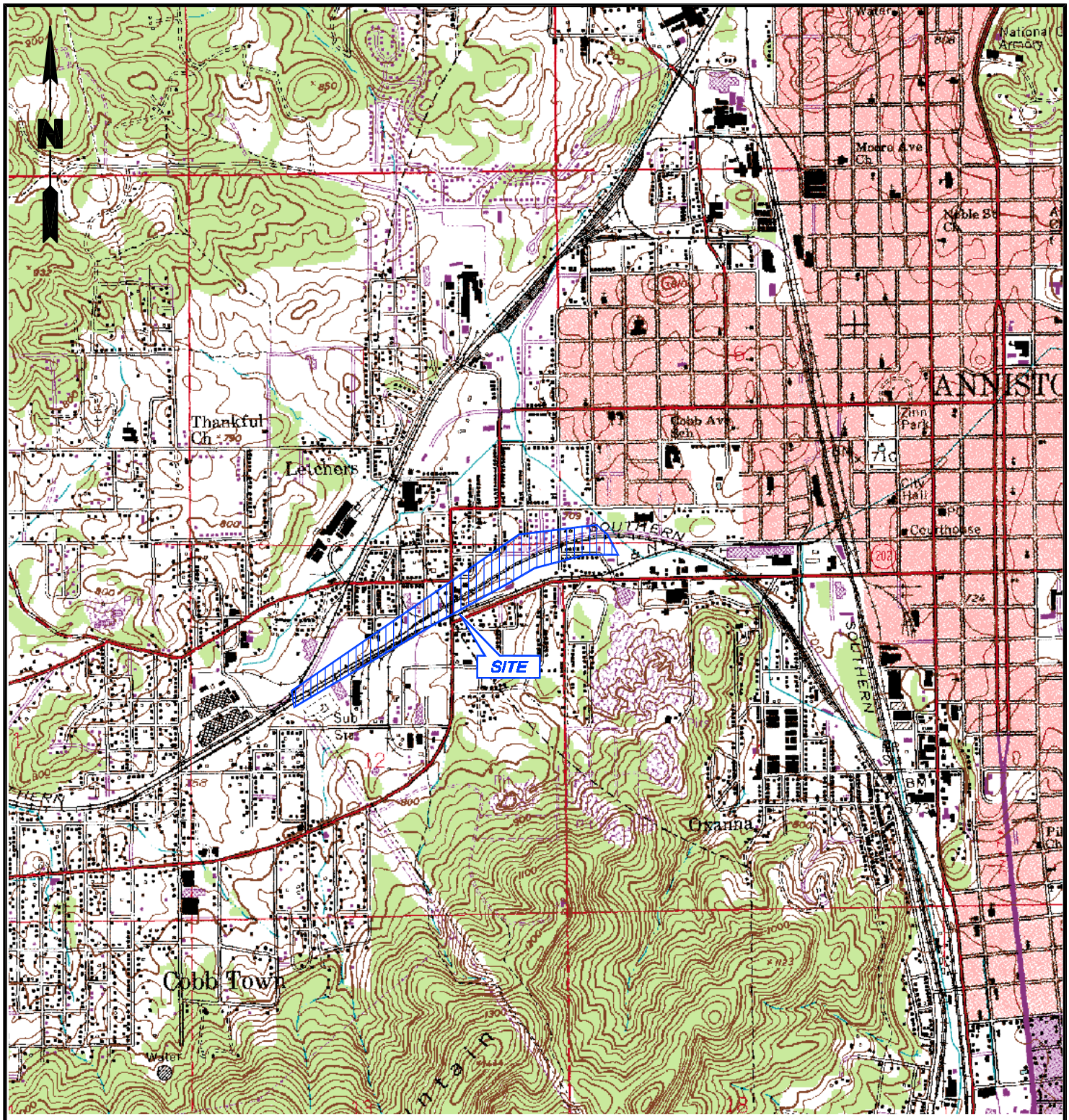
Imported Material	Weight (tons)
Common Fill [(1)]	300
Ballast[(2)]	1,744
Dense Graded Aggregate[(3)]	288
Rip Rap and Surge Stone[(4)]	464

[(1)]Imported Common Fill was installed within the signal cable relocation trench and some areas within the ROW and the Ditch.

[(2)]Ballast was used to line Ditch segment E1, raise the bottom elevation of certain Ditch segments and restore portions of the NSRC ROW adjacent to the Ditch.

[(3)]Dense Graded Aggregate was used for final restoration of the signal cable relocation area and the ROW along Ditch segments C1, D1, and D2.

[(4)]Rip rap or surge stone was used in the following areas:
Vegetated swale north of Ditch Segment B4;
At the edge of the concrete liner in Ditch segments B6, C7 and D4;
In portions of Ditch segment D2; and
At the terminus of the Ditch in Snow Creek.



LEGEND

GENERAL SITE LOCATION

SOURCE

U.S.G.S ANNISTON, ALABAMA QUADRANGLE 1972 (PHOTOREVISED)
7.5 MINUTES SERIES (TOPOGRAPHIC)

Title:

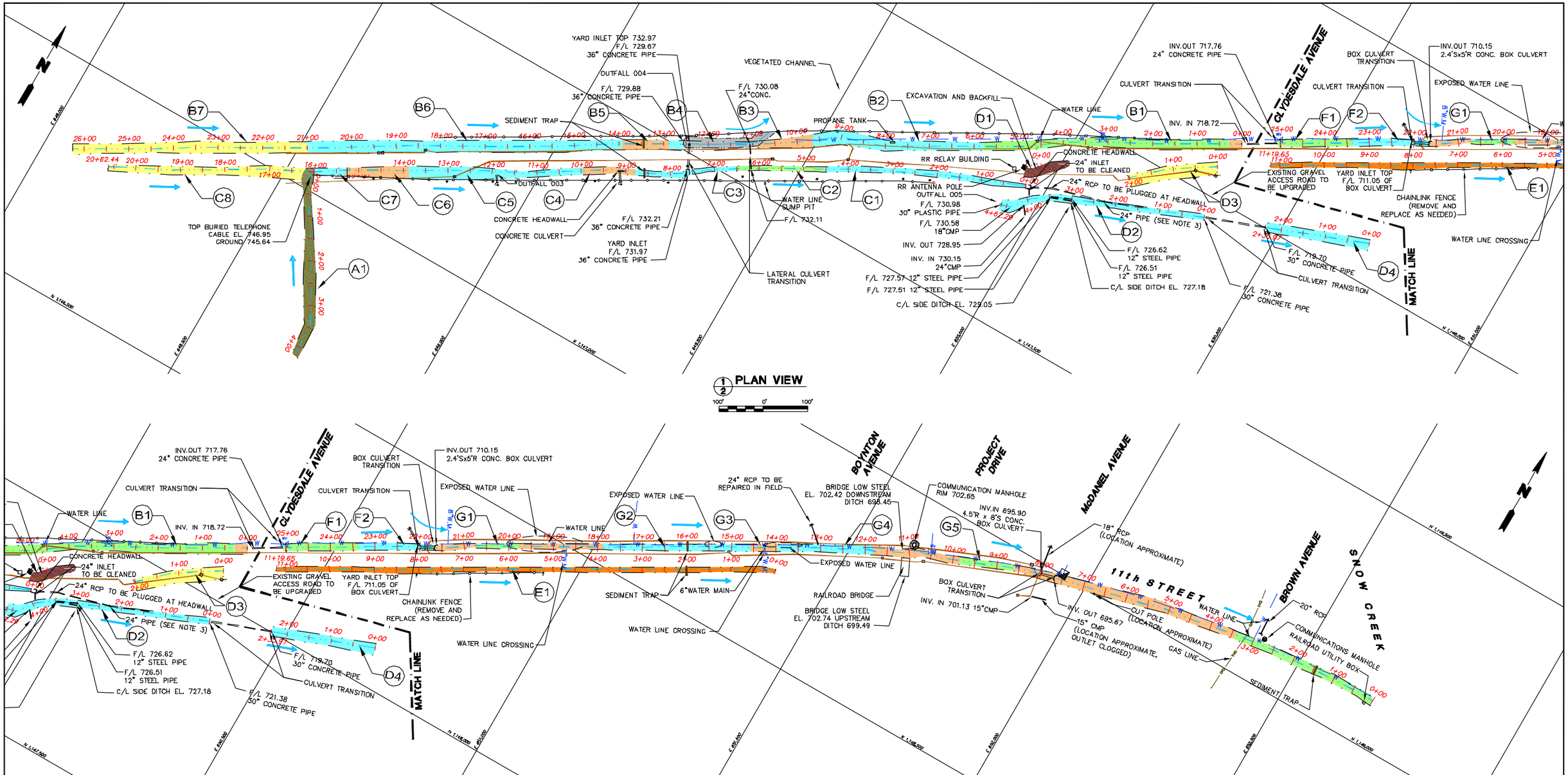
SITE LOCATION MAP

11th STREET DITCH
ANNISTON, ALABAMA

Prepared For: SOLUTIA

ROUX ASSOCIATES, INC.
Environmental Consulting & Management

Compiled by: M.M.H.	Date: 01/12/05	FIGURE
Prepared by: B.J.F.	Scale: AS SHOWN	1
Project Mgr: M.M.H.	Office: NJ	
File No: 56903001	Project: 56903J	



LEGEND

- B4 — DITCH SEGMENT LOCATION AND IDENTIFICATION
- FLOW DIRECTION
- MAJOR CONTOUR
- MINOR CONTOUR
- RAILROAD TRACKS
- CHAINLINK FENCE
- GAS LINE
- WATER LINE
- WATER VALVE
- LATERAL
- RAILROAD COMMUNICATIONS LINE
- RAILROAD UTILITY JUNCTION BOX
- COMMUNICATIONS MANHOLE
- 21+00 20+00 — DITCH STATIONING
- DITCH CENTER LINE
- SEDIMENT TRAP
- TOP OF BANK
- 6" EXCAVATION AND LINER
- 12" EXCAVATION AND LINER
- TO RECEIVE APPROXIMATELY 12" OF 1/2" TO 3/4" LIMESTONE
- DITCH SEGMENT TO BE LINED (NO EXCAVATION)
- DITCH SEGMENT TO REMAIN AS PRESENT
- EXISTING CONCRETE LINED DITCH
- EXISTING RIP RAP TO RECEIVE FULL DEPTH FLOWABLE FILL GROUT
- GEOTEXTILE AND 6" LAYER OF 2" GRANITE

NOTES

1.) SEE SHEETS 3 AND 4 FOR CROSS SECTION EXCAVATION AND LINER DETAILS AND SHEET 6 FOR LLDPE / SHOTCRETE LINER DETAIL.

2.) SEE SHEET 6 FOR CONTRACTION AND EXPANSION JOINT DETAILS. CONTRACTION JOINTS SHALL BE INSTALLED EVERY 20' AND EXPANSION JOINTS SHALL BE INSTALLED EVERY 60'.

3.) LOCATION OF 24" PIPE ADJACENT TO DITCH SEGMENT D2 IS TAKEN FROM PLAN ENTITLED, "PLANT MAP SEWER AREAS", PREPARED BY MONSANTO COMPANY, TECHNICAL SERVICE DEPARTMENT, ANNISTON, ALABAMA, JOB No. 369, DRAWING No. D1080-P20, REVISED TO SEPTEMBER 30, 1974. PIPE ROUTE AND OUTLET NOT FIELD VERIFIED.

4.) ALL UTILITY LOCATIONS SHOWN ARE APPROXIMATE. UTILITIES SHALL BE LOCATED BY CONTRACTOR PRIOR TO ANY LAND DISTURBING ACTIVITIES. RAILROAD UTILITIES TO BE LOCATED UNDER THE DIRECTION OF NORFOLK SOUTHERN PERSONNEL.

CONTROL POINT	NORTHING	EASTING	ELEVATION	DESCRIPTION
MONUMENT 31-A	1,146,414.866	648,744.510	758.96	ALONG ADAMS STREET (APPROXIMATELY 800 FEET WEST OF DUNCAN AVENUE)
MONUMENT 27	1,146,417.166	649,267.681	762.57	ALONG ADAMS STREET (APPROXIMATELY 300 FEET WEST OF DUNCAN AVENUE)
PK NAIL	1,147,245.694	650,339.883	732.80	AT THE INTERSECTION OF OLD BIRMINGHAM WAY AND WEST 7TH STREET
PK NAIL	1,146,425.734	650,339.265	759.04	ALONG ADAMS STREET (APPROXIMATELY 400 FEET EAST OF DUNCAN AVENUE)

Title:

REMEDIAL DESIGN SITE PLAN

11th STREET DITCH
ANNISTON, ALABAMA

Prepared For:

SOLUTIA

ROUX ASSOCIATES, INC.
Environmental Consulting & Management

Compiled by: TS	Date: 03/07/04	FIGURE	
Prepared by: JSC	Scale: AS SHOWN		
Project Mgr: MMH	Office: NJ		2
File No: 56903003	Project: 56903J		

APPENDIX A

ADMINISTRATIVE ORDER ON CONSENT

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

October 3, 2001

Via facsimile and regular mail

Karen Ballotta
Covington & Burling
1201 Pennsylvania Avenue, N.W.
Washington D.C. 20044-7566

SUBJ: Anniston PCB Site
Administrative Order on Consent

Dear Ms. Ballotta:

The United States Environmental Protection Agency (EPA) hereby notifies Solutia Inc. that EPA signed the enclosed Anniston PCB Site (Site) Administrative Order on Consent (Order), docket no. CER-04-2002-3752, on October 3, 2001. Solutia Inc. previously signed the Order on September 25, 2001. Under Section XXI of the AOC, the effective date of the AOC is two days after Solutia Inc. receives notification that the Order has been signed by EPA Region 4. Thus, the effective date of this Order will be two days after you receive this facsimile, or October 5, 2001. Pursuant to Section I of this Order, Order No. 01-02-C shall be withdrawn and terminated upon the effective date of this Order, or October 5, 2001.

Please call me at (404)562-9548 if you have any questions regarding this matter.

Sincerely,

Dustin Minor

Dustin F. Minor
Associate Regional Counsel

Enclosure (via regular mail only)

Internet Address (URL) • http://www.epa.gov
Recycled/Recyclable • Printed with Vegetable Oil Based Inks on Recycled Paper (Minimum 30% Postconsumer)

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 4

IN THE MATTER OF: Anniston PCB Site Anniston, Calhoun County, Alabama Solutia Inc. Respondent	ADMINISTRATIVE ORDER ON CONSENT FOR REMOVAL ACTION U.S. EPA Region 4 CERCLA CER-04-2002-3752 Proceeding Under Sections 104, 106(a), 107 and 122 of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended, 42 U.S.C. §§ 9604, 9606(a), 9607 and 9622

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I. JURISDICTION AND GENERAL PROVISIONS

This Administrative Order on Consent ("Order") is entered into voluntarily by the United States Environmental Protection Agency ("EPA") and Solutia Inc. ("Respondent"). This Order provides for the performance of the removal action by Respondent and the reimbursement of AOC Oversight Costs incurred by the United States in connection with contamination located in and around Anniston, Calhoun County, Alabama, the "Anniston PCB Site" or the "Site." This Order requires Respondent to conduct the removal action described herein to abate what EPA believes to be an imminent and substantial endangerment to the public health, welfare or the environment that may be presented by the actual or threatened release of hazardous substances, pollutants, or contaminants at or from the Site.

EPA and Respondent entered into an Administrative Order on Consent (Order), docket no. 01-02-C. for a removal action regarding the Anniston PCB Site (Site) which was effective on October 27, 2000. Upon the effective date of this Order, Order no. 01-02-C shall be withdrawn and terminated.

This Order is issued pursuant to the authority vested in the President of the United States by Sections 104, 106(a), 107, and 122 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. §§ 9604, 9606(a), 9607, and 9622, as amended ("CERCLA"), and delegated to the Administrator of EPA by Executive Order No. 12580, January 23, 1987, 52 Federal Register 2923, and further delegated to the EPA Regional Administrators by EPA Delegation Nos. 14-14-A and 14-14-C and 14-14-D: Cost Recovery through the Director, Waste Management Division to the Chief, Emergency Response and Removal Branch by EPA Region IV Delegation No. 14-14-C.

EPA has notified the State of Alabama (the "State") of this action pursuant to Section 106(a) of CERCLA, 42 U.S.C. § 9606(a).

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent agrees to comply with and be bound by the terms of this Order. Respondent further agrees that it will not contest the basis or validity of this Order or its terms.

EPA determined that it was necessary to enter into this Order to address the short term sampling and removal activities at the Site. Respondent agrees to pursue negotiations that will address additional issues concerning the Site.

II. PARTIES BOUND

This Order applies to and is binding upon EPA, and upon Respondent and Respondent's heirs, successors, and assigns. Any change in ownership or corporate status of Respondent including,

but not limited to, any transfer of assets or real or personal property shall not alter Respondent's responsibilities under this Order.

Respondent shall ensure that its contractors, subcontractors, and representatives receive a copy of this Order and comply with this Order. Respondent shall be responsible for any noncompliance with this Order.

III. DEFINITIONS

Unless otherwise expressly provided herein, terms used in this Order which are defined in CERCLA or in regulations promulgated under CERCLA shall have the meaning assigned to them in CERCLA or in such regulations. Whenever terms listed below are used in this Order or in the appendices attached hereto and incorporated hereunder, the following definitions shall apply:

"ADEM" shall mean the Alabama Department of Environmental Management and any successor departments or agencies of the State.

"AOC Oversight Costs" shall mean all costs, including, but not limited to, direct and indirect costs, that the United States incurs in reviewing or developing plans, reports and other items pursuant to this AOC, verifying the work, or otherwise implementing, overseeing, or enforcing this AOC; as well as, all costs, including, but not limited to, direct and indirect costs, that the United States incurred prior to the effective date of this Order in reviewing or developing plans, reports and other items pursuant to the October 27, 2000 AOC, or otherwise implementing, overseeing, or enforcing the October 27, 2000 AOC.

"CERCLA" shall mean the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. §§ 9601 et seq.

"Day" shall mean a calendar day unless expressly stated to be a working day. "Working day" shall mean a day other than a Saturday, Sunday, or Federal holiday. In computing any period of time under this Order, where the last day would fall on a Saturday, Sunday, or Federal holiday, the period shall run until the close of business of the next working day.

"Effective Date" shall be the effective date of this Order as provided in Section XXI (Effective Date).

"EPA" shall mean the United States Environmental Protection Agency and any successor departments or agencies of the United States.

"Interest" shall mean interest at the rate specified for interest on investments of the EPA Hazardous Substance Superfund established by 26 U.S.C. § 9507, compounded annually on October 1 of each year, in accordance with 42 U.S.C. § 9607(a). The applicable rate of interest shall be the rate in effect at the time the interest accrues. The rate of interest is subject to change on October 1 of each year.

"National Contingency Plan" or "NCP" shall mean the National Oil and Hazardous Substances Pollution Contingency Plan promulgated pursuant to Section 105 of CERCLA, 42 U.S.C. § 9605, codified at 40 C.F.R. Part 300, and any amendments thereto.

"October 27, 2000 AOC" shall mean the Administrative Order on Consent between EPA and Respondent with docket no. 01-02-C.

"Order" shall mean this Order and all appendices attached hereto. In the event of conflict between this Order and any appendix, this Order shall control.

"Parties" shall mean the United States and the Respondent.

"Quintard Mall Expansion Material" shall mean material that was excavated from property owned by Quintard Mall, Ltd. during the expansion of Quintard Mall, completed in late 2000, and sold, conveyed or otherwise transferred by Quintard Mall, Ltd. or its contractor or subcontractors for use as fill material at properties other than the Quintard Mall site.

"Respondent" shall mean Solutia Inc.

"RCRA" shall mean the Solid Waste Disposal Act, as amended, 42 U.S.C. §§ 6901 et seq. (also known as the Resource Conservation and Recovery Act).

"Section" shall mean a portion of this Order identified by a roman numeral, unless the Section precedes a numeric provision of a statute or regulation of the United States.

"Site" shall mean for the purposes of this Order, the Anniston PCB Site, which consists of residential, commercial, and public properties located in and around Anniston, Calhoun County, Alabama that contain or may contain hazardous substances, including polychlorinated biphenyl (PCB) impacted soil.

"State" shall mean the State of Alabama.

"United States" shall mean the United States of America.

"Waste Material" shall mean (1) any "hazardous substance" under Section 101(14) of CERCLA, 42 U.S.C. § 9601(14); (2) any pollutant or contaminant under Section 101(33), 42 U.S.C. § 9601(33); and (3) any "solid waste" under Section 1004(27) of RCRA, 42 U.S.C. § 6903(27).

IV. EPA's FINDINGS OF FACT

EPA's findings are set forth below. EPA's findings are made solely for purposes of this Order and for no other purposes.

A. The Anniston PCB Site consists of residential, commercial, and public properties located in and around Anniston, Calhoun County, Alabama that contain or may contain hazardous substances, including polychlorinated biphenyl (PCB) impacted soil.

B. Solutia Inc. is Respondent.

C. Solutia Inc.'s Anniston plant encompasses approximately 70 acres of land and is located about 1 mile west of downtown Anniston, Alabama. The plant is bounded to the north by the Norfolk Southern and Erie railroads, to the east by Clydesdale Avenue, to the west by First Avenue, and to the south by U.S. Highway 202.

D. In 1917, the Southern Manganese Corporation (SMC) opened the plant, which began producing ferro-manganese, ferro-silicon, ferro-phosphorous compounds, and phosphoric acid. In the late 1920s, the plant also started producing biphenyls. SMC became Swann Chemical Company (SCC) in 1930, and in 1935, SCC was purchased by Monsanto Company. From 1935 to 1997, Monsanto Company operated the plant. Respondent represents that PCBs were produced at the plant from 1929 until 1971. In 1997, Monsanto Company formed Solutia Inc. and transferred ownership over certain of its chemical divisions. Solutia Inc. currently produces para-nitrophenol and polyphenyl compounds at the Anniston plant.

E. During its operational history, the plant disposed of hazardous and nonhazardous waste at two landfills, the west end landfill and the south landfill, which are located adjacent to the plant. The west end landfill encompasses six acres of land, located on the southwestern side of the plant. The west end landfill is built on native clay soil and was used for disposal of the plant's wastes from the mid-1930s until approximately 1960. Respondent represents that in 1960, the west end landfill was transferred to the Alabama Power Company, and Monsanto Company began disposing of wastes at the south landfill. The south landfill is located on the southeast portion of the plant across U.S. Highway 202 and is situated on the lower northeastern slope of Coldwater Mountain. Respondent represents that the south landfill consists of 10 individual cells, of which two cells were used for the disposal of hazardous wastes, as defined under RCRA, from the plant. These two cells have been closed pursuant to RCRA regulations. Disposal of wastes at the south landfill ceased in approximately 1988. In 1993, Alabama Power Company transferred the west end landfill to Monsanto Company and leased a small parcel of land to the north of the west end landfill for its utility lines.

F. During the time that the west end landfill and the south landfill were used to dispose of wastes, there was a potential for PCBs to be released from the landfills via soils and sediments being transported in surface water leaving the facility. Solutia Inc. has undertaken extensive "Interim Measures" in order to eliminate the potential for such releases. In addition, during the time that PCBs were manufactured by Monsanto Company at its Anniston plant, an aqueous stream

flowing to a discharge point (currently identified as DSN0001) on Monsanto Company's Anniston plant site contained PCBs, and discharge from that discharge point flowed to a ditch, the waters of which flowed toward Snow Creek. Sampling by EPA, Solutia Inc., ADEM, and other parties has indicated that some sediments in drainage ditches leading away from the plant, Snow Creek, and Choccolocco Creek, as well as some sedimentary material in the floodplains of these waterways, contain varying levels of PCBs.

G. Solutia Inc. has a RCRA permit for the facility, which is regulated by ADEM. Pursuant to its RCRA permit, Solutia Inc. has performed extensive "Interim Measures" on the west end landfill, the south landfill, and areas east and north of the plant during the mid to late 1990s to eliminate the potential for release of PCBs associated with soils and sediments. Solutia Inc. is also engaged in an extensive program under the RCRA permit to investigate and address PCBs in sediments and floodplain soils in the waterways leading away from the plant. EPA has provided oversight of the RCRA permit.

H. EPA has been performing its own investigation in Anniston under CERCLA to evaluate any threat to public health, welfare, or the environment posed by PCBs in Anniston.

I. The Agency for Toxic Substances and Disease Registry (ATSDR) Health Consultation related to PCBs in Anniston was released for public comment on February 14, 2000. The ATSDR Health Consultation addresses, among other things, whether PCBs in soil are a threat to the public health in Anniston. The ATSDR Health Consultation was careful to note that the exposure estimates may overestimate or underestimate health risks in Anniston because there is an inadequate description of sampling and analytical methods for some of the data. Subject to the reservations noted above, the ATSDR Health Consultation concluded that PCBs in soil in parts of Anniston present a public health hazard of cancerous and non-cancerous health effects for persons with prolonged exposure, and PCBs in residential soil may present a public health hazard for thyroid and neurodevelopmental effects after exposure durations of less than 1 year. The ATSDR Health Consultation also concluded that further sampling and evaluation are needed to fully assess the scope of contamination and exposure and that further investigation should be done to allow ATSDR to make more specific recommendations for protecting public health. Solutia Inc. commented extensively on the Health Consultation. To date, ATSDR has not responded to public comment and has not issued a final version of the document.

J. EPA has (and will continue) to share its sampling results with ATSDR to assist ATSDR with any future health studies which ATSDR may conduct in Anniston.

K. EPA has sampled the soil at hundreds of properties through multiple sampling phases in Anniston for PCBs since June of 1999. The results indicate that many of

the properties tested contain PCBs. For example, EPA sampled residents and businesses near the plant from June 28-30, 1999, for PCBs. The results from these samples indicated that some soils at residences and businesses in the vicinity of the plant contain PCBs. The level of PCBs detected during this June sampling event ranged from non-detect to 15.24 mg/kg. EPA also sampled residences, businesses, and creeks near the plant during February of 2000. The level of PCBs detected during this February sampling event ranged from non-detect to 317 mg/kg.

L. Based on previous sampling activities conducted by EPA and other parties in Anniston, EPA has a reasonable basis to believe that the properties which will be sampled pursuant to this Order may contain PCBs.

M. In June of 2000, EPA, with the assistance of ATSDR, established a five point composite sample value of 10 mg/kg of total PCBs as the removal trigger level for PCBs in residential properties in Anniston. For any property where a sample meets or exceeds the trigger level, EPA determined that action should be taken to disassociate the residents from the soil containing PCBs.

N. EPA has identified nineteen (19) properties, that met or exceeded this removal trigger level. EPA anticipates that additional properties may be identified from prior sampling events, and that Respondent may identify additional properties pursuant to the sampling required pursuant to this Order.

O. On August 31, 2000, EPA notified Respondent of its potential liability under CERCLA, demanded that Respondent reimburse EPA for its past and future costs at the Site, and requested that Respondent perform a removal action at the Site.

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent denies that it is a source of any hazardous substances at the Site other than PCBs.

V. EPA's CONCLUSIONS OF LAW AND DETERMINATIONS

Based on the Findings of Fact set forth above, and the Administrative Record supporting this removal action, EPA has determined that:

1. The Anniston PCB Site is a "facility" as defined by Section 101(9) of CERCLA, 42 U.S.C. § 9601(9).

2. The contaminants found at the Site, as identified in the Findings of Fact above, include "hazardous substance(s)" as defined by Section 101(14) of CERCLA, 42 U.S.C. § 9601(14), including but not limited to PCBs.

3. Respondent is a "person" as defined by Section 101(21) of CERCLA, 42 U.S.C. § 9601(21).

4. Respondent may be liable under Section 107(a) of CERCLA, 42 U.S.C. § 9607(a).

a. Respondent Solutia Inc. is the "owner" and/or "operator" of the Site, as defined by Section 101(20) of CERCLA, 42 U.S.C. § 9601(20), and within the meaning of Section 107(a)(1) of CERCLA, 42 U.S.C. § 9607(a)(1).

b. Respondent Solutia Inc. was the "owner" and/or "operator" of the Site at the time of disposal of hazardous substances at the Site, as defined by Section 101(20) of CERCLA, 42 U.S.C. § 9601(20), and within the meaning of Section 107(a)(2) of CERCLA, 42 U.S.C. § 9607(a)(2).

5. The conditions described in the Findings of Fact above constitute an actual or threatened "release" of a hazardous substance from the Site as defined by Sections 101(22) of CERCLA, 42 U.S.C. § 9601(22).

6. The conditions present at the Site constitute an imminent and substantial endangerment to public health, welfare, or the environment. Factors that shall be considered in determining the appropriateness of a removal action are set forth in Section 300.415(b)(2) of the National Oil and Hazardous Substances Pollution Contingency Plan, as amended, 40 CFR Part 300 ("NCP").

7. The actual or threatened release of hazardous substances at or from the Site may present an imminent and substantial endangerment to the public health, welfare, or the environment within the meaning of Section 106(a) of CERCLA, 42 U.S.C. § 9606(a).

8. The removal action required by this Order is necessary to protect the public health, welfare, or the environment, and is not inconsistent with the NCP or CERCLA.

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent denies that it is a source of any hazardous substances at the Site other than PCBs.

VI. ORDER

Based upon the foregoing Findings of Fact, Conclusions of Law and Determinations, and the Administrative Record for this Site, it is hereby ordered and agreed that Respondent shall comply with the following provisions, including but not limited to all attachments to this Order, and all documents incorporated by reference into this Order, and perform the following actions:

1. Designation of Contractor, Project Coordinator, and On-Scene Coordinator

Respondent has previously notified EPA of Respondent's qualifications to perform the removal action required by the October 27, 2000 AOC, and of the names and qualifications of Respondent's contractors. Those notifications are deemed submitted under this Order. Respondent shall also notify EPA of the name(s) and qualification(s) of any other contractor(s) or subcontractor(s) retained to perform the removal action under this Order at least ten (10) working days prior to commencement of such removal action. EPA retains the right to disapprove of any, or all, of the contractors and/or subcontractors retained by the Respondent, or of Respondent's choice of itself to do the removal action. If EPA disapproves of a selected contractor, Respondent shall retain a different contractor or notify EPA that it will perform the removal action itself within ten (10) working days following EPA's disapproval and shall notify EPA of that contractor's name and qualifications within fifteen (15) working days of EPA's disapproval.

The Project Coordinator previously designated by Respondent pursuant to the October 27, 2000 AOC shall be deemed designated under this Order. To the greatest extent possible, the Project Coordinator shall be present on Site or readily available during Site work. EPA retains the right to disapprove of any Project Coordinator named by Respondent. If EPA disapproves of a selected Project Coordinator, Respondent shall retain a different Project Coordinator and shall notify EPA of that person's name, address, telephone number, and qualifications within ten (10) working days following EPA's disapproval. Receipt by Respondent's Project Coordinator of any notice or communication from EPA relating to this Order shall constitute receipt by Respondent.

EPA has designated Steve Spurlin of the EPA, Region IV Emergency Response and Removal Branch as its On-Scene Coordinator ("OSC"). Respondent shall direct all submissions required by this Order to the OSC at the following address:

U.S. Environmental Protection Agency, Region 4
Steve Spurlin, On Scene Coordinator
Waste Management Division
Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, GA 30303

EPA and Respondent shall have the right, subject to the immediately proceeding paragraph, to change its/their designated OSC or Project Coordinator. Respondent shall notify EPA, ten (10) working days before such a change is made. The initial notification may be made orally but it shall be promptly followed by a written notice.

2.0 Work To Be Performed

The overall purposes of the time critical removal action required by this Order are to determine the extent of PCBs, lead, and other hazardous substances as provided in this Order in Zones 1, 2, 3, 6 and "F" identified pursuant to Figure 1 of this Order, and the Oxford Lake Neighborhood ("OLN") Zone identified in Figure 2 of this Order, and to conduct appropriate removal activities

needed to reduce the short-term threat to human health, welfare, or the environment posed by PCBs within Zones 1, 2, 3, 6 "F," and "OLN." Respondent shall perform, at a minimum, the following removal activities:

a. Conduct composite surface soil sampling as directed by EPA, at residential properties in Zones 1, 2, 3, 6, "F," and "OLN" that have not been sampled by EPA for PCBs. In addition, conduct composite surface soil sampling, as directed by EPA, for residential properties or portions of residential properties in Zones 1, 2, 3, 6, "F," and "OLN" that were previously sampled by EPA but which have field screen data only. As stated in the October 27, 2000 AOC, highest priority for work completed prior to the effective date of this Order has been given to Zone 3, followed by Zones 2, 1, "F," and 6. After the effective date of this Order, Respondent shall, to the maximum extent practicable and taking into account work already completed under the October 27, 2000 AOC, prioritize Zone "OLN" between Zones 3 and 2. Sampling efforts in each zone shall be prioritized in a manner such that initial efforts will focus on areas associated with drainage pathways. Should the sampling data indicate that PCB impacts in an area do not warrant further short-term analysis, the OSC will have the authority to direct sampling efforts in that area to be stopped. If the OSC directs sampling to be stopped in any of the Zones described above, the OSC will retain authority to require Respondent to re-initiate sampling in these Zones if the OSC determines that it is appropriate.

b. Conduct a removal response at the nineteen (19) properties identified in Exhibit D for which composite sampling results indicate the presence of PCBs in surface soils at a concentration of 10 mg/kg or greater. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.

c. Conduct a removal response at properties having composite sample PCB levels in surface soils at 10 mg/kg or greater which are identified by EPA after sample collection and data review is completed for EPA's current and previous sampling events. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.

d. Conduct a removal response at properties having composite sample PCB levels in surface soils at 10 mg/kg or greater which are identified during sampling conducted by Respondent pursuant to this Order, or were identified during sampling conducted by Respondent pursuant to the October 27, 2000 AOC. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.

e. Respondent's removal response options shall include, but are not limited to, removal, engineered controls, or a combination thereof, of soils, sediments,

or debris. Respondent shall submit for approval the proposed removal response for each property within the timeframe specified in the Removal Work Plan referred to in paragraph 2.1(a). EPA shall make the final determination regarding the appropriate removal response for each property.

f. For those residential properties identified pursuant to this Order having composite sample PCB levels in surface soils at 10 mg/kg or greater, and where removal of soil is the selected removal response, the removal action shall meet EPA's Clean-up Goal. EPA's Clean-up Goal shall require the removal of the top three (3) inches of soil from the impacted area as identified in paragraphs 2.0(b), (c), and (d). Respondent shall then conduct additional composite sampling and removal of soils in these areas (except as noted in paragraph 2.0(i) below) until remaining soils within the next nine (9) inches of soil (twelve (12) inches below original grade) have PCB levels below two (2) mg/kg. Soils in these areas below a depth of twelve (12) inches shall be removed until the PCB concentration based on composite sampling is below 10 mg/kg.

EPA chose 2 mg/kg as the PCB surface soil Clean-up Goal for this removal action because 2 mg/kg is protective of the public health, welfare, and the environment for the short term. However, EPA's selection of 2 mg/kg as the PCB Clean-up Goal for this removal action will in no way affect EPA's selection of the final long-term protective clean up level for the Site. EPA has not yet determined what the long term clean up level for the Site will be. If EPA selects a long term clean up level lower than 2 mg/kg, it may be necessary to reassess whether the response actions performed on properties pursuant to this Order are sufficient.

g. During the removal response action for a property, and when directed by the OSC, Respondent shall offer temporary relocation for all residents living at the property and any residents living on property whose property line touches a property at which a removal response is being conducted. In addition, Respondent shall provide for temporary relocation of any other residents living in the vicinity of the property at which a removal response is being conducted if EPA determines it is necessary for health and safety reasons. Any temporary relocations conducted pursuant to this Order must, at a minimum, meet the requirements of the Uniform Relocation Act (URA), 42 U.S.C. § 4601 et. seq.

h. Unless otherwise specified, constituents to be included for sampling of residential properties under this Order include PCBs and lead.

EPA is currently investigating the potential sources of lead at the Site. EPA has not yet determined whether Respondent is a source of lead contamination at the Site. By agreeing to sample residential properties for

lead pursuant to this Order. Respondent does not acknowledge or admit, and in fact denies, that Respondent is a source of lead at the Site.

i. For those properties having composite sample PCB levels at 10 mg/kg or higher in surface soils, identified by EPA or Respondent. Respondent shall make an exposure evaluation of the areas under any structures (i.e. crawl space, storage area, unfinished basement, etc.). The evaluation shall identify such areas and assess the potential exposure such areas pose to individuals who may use or live at each property. Respondent shall sample any such area if EPA determines that it poses a potential direct contact threat. A determination regarding the need for a removal response for these areas will be made by EPA on a case-by-case basis.

j. Conduct a removal response action on the portion of 11th Street ditch identified in Figure 1.

k. Sample the portion of the creek near West 9th Street and Eulaton Street identified in Figure 1. Constituents to be sampled will include at a minimum PCBs and priority pollutant metals listed in 40 CFR Part 423 Appendix "A".

l. To ensure that properties subject to a removal response action pursuant to this Order are not recontaminated with PCBs at a level of 10 mg/kg or higher, Respondent shall conduct monitoring and sampling, as necessary, of such properties until EPA determines that all source areas which may cause recontamination have been addressed sufficiently.[1] At a minimum, Respondent shall monitor all such properties after episodic flood conditions. Any such properties impacted by potentially contaminated flood waters shall be resampled to ensure that previously addressed areas are not being recontaminated. Respondent shall conduct an additional removal response action at any area that is recontaminated at or above 10 mg/kg in surface soils pursuant to the terms and conditions set forth in this Order.

m. Respondent shall conduct dust sampling in all homes with PCB levels at or above 10 mg/kg at which a removal response action is undertaken pursuant to this Order. Sampling shall be completed prior to the residents re-entry into their residence if temporary relocation was required pursuant to paragraph 2.0 (g). Respondent shall clean up the inside of these homes if the dust sampling results are equal to or greater than 2 mg/kg. In addition,

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[1] This Order does not address the source areas which may potentially recontaminate properties subject to a removal response action pursuant to this Order. EPA and Respondent are currently involved in negotiations to address the long term threat posed by the Site.

Respondent shall have the option to clean up the inside of the home before receiving the dust sampling results.

n. Respondent shall continue to provide EPA with office space for the On-Scene Coordinators. The space shall be sufficient in size to provide for the following: 1) working space for two OSC's, 2) a centralized conference or meeting area sufficient for small technical meetings, and 3) a working space for EPA's oversight support contractors with adequate counter and shelving areas to allow for sample handling and field equipment storage.

o. Respondent shall submit for approval an Acquired Property Workplan (APW) pursuant to paragraph 2.1(i) within thirty (45) days from the effective date of this Order.

p. All soils excavated from the Oxford Lake Softball Complex Fields A, C, and D (Figure 3) with PCB concentrations below 50 ppm shall be stockpiled and secured in an area adjacent to the fields and shall be maintained in accordance with the January 2001 Best Management Practices Plan Oxford Lake Softball Complex submitted to EPA by letter dated March 7, 2001.

q. Respondent shall cap stockpiled soils under an asphalt parking lot or other suitable cap approved by EPA in an area adjacent to the softball fields within one year from the effective date of this Order. If EPA, after consultation with the City of Oxford, determines that the proposed cap is not acceptable prior to the approval of the Oxford Ballfield Removal Action Work Plan (OBRAWP) referenced in paragraph 2.1(j), or if Respondent fails to complete the cap within one year from the effective date of this Order, then Respondent shall remove the stockpiled material and dispose of it at an EPA approved facility.

r. As provided in paragraph 2.1(m), Respondent shall notify EPA of any additional properties that Respondent identifies, or has identified, which may have received Quintard Mall Expansion Material.

s. Conduct sampling for properties that may have received Quintard Mall Expansion Material that are identified after the effective date of this Order by Respondent (pursuant to paragraph 2.0(r)), or by EPA. The OSC shall determine whether the sampling shall be conducted consistent with the EPA approved SAP required pursuant to paragraph 2.1(f), or in the manner provided for in the February 9, 2001 Quintard Mall Expansion Off-Site Soil Characterization Report previously submitted to EPA.

t. For those properties identified after the effective date of this Order, as having received Quintard Mall Expansion Material, that have composite sample PCB levels in surface soils at 10 mg/kg or greater, Respondent shall

conduct a removal response pursuant to the Removal Work Plan discussed in paragraph 2.1(m). For those properties that may have received Quintard Mall Expansion Material and that were subject to a response action initiated by Respondent prior to the effective date of this Order, EPA may require Respondent to conduct an additional removal response action if EPA composite surface soil sampling indicates that any of these properties have composite sample PCB levels in surface soils at 10 mg/kg or greater.

2.1 Work Plan and Implementation

As part of the Work Plans described below, the Respondent must submit a schedule for the above required activities which shall include specific initiation and completion dates. As stated in the October 27, 2000 AOC, highest priority for work completed prior to the effective date of this Order was given to Zone 3, followed by Zones 2, 1, "F," and 6. After the effective date of this Order, to the maximum extent practicable and taking into account sampling events already completed under the October 27, 2000 AOC, Respondent shall prioritize sampling events in the following order: Zone 3 followed by Zones "OLN," 2, 1, "F," and 6. Within the time frame noted below, Respondent shall submit to EPA for approval Work Plans for performing the removal response actions set forth above. The Work Plans shall provide a description of, and an expeditious schedule for, the actions required by this Order.

EPA may approve, disapprove, require revisions to, or modify the Work Plans. If EPA requires revisions to any of the Work Plans, Respondent shall submit a revised Work Plan within (15) working days of receipt of EPA's notification of the required revisions. Respondent shall implement each Work Plan as finally approved in writing by EPA in accordance with the schedule approved by EPA. Once approved, or approved with modifications, each Work Plan, schedule, and any subsequent modifications shall be fully enforceable under this Order. Respondent shall notify EPA at least 48 hours prior to performing any on-Site work pursuant to each EPA-approved Work Plan. Respondent shall not commence or undertake any removal activities on-Site without prior EPA approval.

Respondent shall attempt to obtain access to all properties for which access is needed to perform the response actions required by this Order according to the procedures set forth in Section VI(3), and within the timeframes noted in this Order, the Access Schedule referred to in paragraph 2.1(g), or the Work Plans approved pursuant to this Order. If Respondent is denied access (after attempting to obtain access in the manner described in Section VI(3)) to any properties for which access is necessary pursuant to this Order, then all schedules in this Order and the Work Plans approved pursuant to this Order, which require access in order to comply with such schedules, shall be extended (with respect to the properties for which access is denied only) until ten (10) days after Respondent or EPA (on behalf of Respondent) obtains access to any such properties. However, any such schedule extension(s) shall not apply with respect to properties for which Respondent obtains access within the timeframes specified in this Order or the Work Plans approved pursuant to this Order.

a. The Removal Work Plan previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Removal Work Plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum within thirty (30) days from the effective date of this Order.

b. It is anticipated that the approach approved by EPA for the properties identified in paragraph 2.0(b) will serve as the template for the removal response action at similar properties identified by Respondent pursuant to this Order. Respondent shall submit to EPA for approval within thirty (30) days of Respondent's receipt of data having composite sample PCB levels at 10 mg/kg or greater in surface soils, an addendum to the original Removal Work Plan and to the original Health & Safety Plan. This addendum will address properties identified pursuant to paragraphs 2.0(c) and (d) above. The addendum shall include a schedule, as well as details of any modifications to the original Removal Work Plan and the original Health and Safety Plan specific to the newly identified properties.

c. The Indoor Sampling Plan for dust sampling of properties that require a removal response action because they have a composite PCB level equal to or greater than 10 mg/kg in surface soils that was previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Indoor Sampling Plan are necessary to satisfy the terms of this Order, Respondent shall submit such an addendum within thirty (30) days from the effective date of this Order.

d. The 11th Street Ditch sampling plan previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the 11th Street Ditch sampling plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the 11th Street Ditch sampling plan within thirty (30) days from the effective date of this Order. Prior to the effective date of this Order, Respondent mobilized to the Site to initiate the removal response actions required by paragraph 2.0(b) above and shall remain mobilized pursuant to this Order. Also, prior to the effective date of this Order, Respondent completed the sampling required by the 11th Street Ditch sampling plan, and received the laboratory data (as provided in paragraph 2.1(h)).

The 11th Street Ditch Removal Response Action Work Plan previously submitted by Respondent pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. Within fourteen (14) days of EPA's approval of the 11th Street Ditch Removal Response Action Work Plan, Respondent shall submit a schedule to EPA for approval detailing those activities required to complete the response actions approved in the 11th Street Ditch Removal Response Action Work Plan and the time required to complete each activity. The Work Plan shall require a removal response action in the identified areas which shall prevent the potential for direct

contact with soils and sediments with a PCB concentration of 10 mg/kg or higher, and shall prevent the release of soils and sediments with a PCB concentration exceeding 1 mg/kg.

e. The West 9th Street and Eulaton Creek sampling plan previously submitted by Respondent and approved pursuant to the October 27, 2000 Order AOC shall be deemed submitted and approved under this Order. If any changes or additions to the West 9th Street and Eulaton Creek sampling plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the West 9th Street and Eulaton Creek sampling plan within thirty (30) days from the effective date of this Order.

f. The Sampling and Analysis Plan (SAP) previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the SAP are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the SAP within thirty (30) days from the effective date of this Order.

g. The Access Schedule previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Access Schedule are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the Access Schedule within thirty (30) days from the effective date of this Order. Within thirty (30) days of obtaining EPA's approval of the SAP and obtaining access to at least one property, Respondent shall mobilize to initiate the required sampling for the applicable sampling event.

h. The Data Management Work Plan (DMWP) previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. If any changes or additions to the DMWP are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the DMWP within thirty (30) days from the effective date of this Order.

i. The APW referenced in paragraph 2.0(o) shall set forth the proposed removal response for acquired properties, a description of how Respondent proposes to deal with tenants at acquired properties, and a schedule for addressing acquired properties.

j. The Oxford Ballfield Removal Action Work Plan (OBRAWP) previously submitted by Respondent to EPA for approval shall be deemed submitted under this Order. The OBRAWP provides a description of the proposed removal response required in paragraph 2.0(q) above, including design drawings, a Best Management Practices Plan for erosion control during construction, a Health and Safety Plan, a long term operations and maintenance plan, and a schedule for implementation. The OBRAWP also includes a description of how material will be sampled,

removed, and disposed of offsite at an EPA approved facility if either of the following occur: 1) the proposed cap is not completed within one year from the effective date of this Order, or 2) EPA, after consultation with the City of Oxford, determines that capping is inappropriate prior to EPA's approval of the OBRAWP.

k. Prior to the effective date of this Order, Respondent mobilized to the Site to initiate the removal response actions required by paragraph 2.0(q) above and shall remain mobilized pursuant to this Order.

l. Within ninety (90) days of completion of the work defined in the OBRAWP, Respondent shall submit a completion report to EPA that will include a description of the work completed and as-built drawings of the work completed.

m. Respondent shall submit for approval a Quintard Mall Off-Site Soil Removal Work Plan (QMOSRWP) within thirty (30) days of the following: a) receipt of validated data indicating that a property that may have received Quintard Mall Expansion Material contains PCB levels in surface soils at a concentration of 10 mg/kg or greater, or b) receipt of notice from EPA regarding a property that may have received Quintard Mall Expansion Material, which was subject to a removal response action initiated by Respondent prior to the effective date of this Order, upon which EPA requires an additional removal response action pursuant to paragraph 2.0(t) above. The QMOSRWP shall include a description of the proposed removal procedures for PCB impacted soil, and a schedule for the above required activities which shall include specific initiation and completion dates.

2.2 Health and Safety Plan

With the submission of each Work Plan, Respondent shall submit for EPA review and comment a plan that ensures the protection of the public health and safety during performance of work under this Order. Each plan shall be prepared in accordance with EPA's current Standard Operating Safety Guide, dated November 1984, and currently updated July 1988. In addition, each plan shall comply with all current applicable Occupational Safety and Health Administration (OSHA) regulations found at 29 CFR Part 1910. Health and safety plans previously submitted and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. Respondent shall submit a health and safety plan with the submission of any additional Work Plans required by this Order. Respondent shall incorporate all changes to the plan(s) recommended by EPA, and implement the plan(s) during the pendency of the removal action.

2.3 Quality Assurance and Sampling

All sampling and analyses performed pursuant to this Order shall conform to EPA direction, approval, and guidance regarding sampling, quality assurance/quality control (QA/QC), data validation, and chain of custody procedures. Respondent shall ensure that the laboratory used to perform the analyses participates in a QA/QC program that complies with the appropriate EPA guidance. Respondent shall follow the following documents, as appropriate, as guidance for

QA/QC and sampling: "Quality Assurance/Quality Control Guidance for Removal Activities: Sampling QA/QC Plan and Data Validation Procedures," OSWER Directive Number 9360.4-01; dated January 1990; "Compendium of ERT Procedures," OSWER Directives Numbered 9360.4-04 through 9360.4-08.

The Quality Assurance Plan (QAPP) for conducting the sampling required pursuant to this Order previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. The QAPP must be in accordance with EPA Guidance for QAPPS, EPA QA/G-5.

Upon request by EPA, Respondent shall have such a laboratory analyze samples submitted by EPA for quality-assurance monitoring. Respondent shall provide to EPA the quality assurance/quality control procedures followed by all sampling teams and laboratories performing data collection and/or analysis.

Upon request by EPA, Respondent shall allow EPA or its authorized representatives to take split and/or duplicate samples of any samples collected by Respondent while performing work under this Order. Respondent shall notify EPA not less than thirty (30) days in advance of any sample collection activity, unless the OSC agrees in writing to a shorter timeframe with regard to a specific sampling event. EPA shall have the right to take any additional samples that it deems necessary.

2.4 Post-Removal Site Control

In accordance with the Work Plan schedule, or as otherwise directed by EPA, Respondent shall submit a proposal for post-removal Site control consistent with Section 300.415(k) of the NCP and OSWER Directive 9360.2-02. Upon EPA approval, Respondent shall implement such controls and shall provide EPA with documentation of all post-removal Site control arrangements.

2.5 Reporting

Respondent shall submit a written progress report to EPA concerning actions undertaken pursuant to this Order on the eighth (8th) day of each month after the effective date of this Order until termination of this Order, unless otherwise directed by the OSC in writing. These reports shall describe all significant developments during the preceding period, including the actions performed and any problems encountered, analytical data received during the reporting period, and the developments anticipated during the next reporting period, including a schedule of actions to be performed, anticipated problems, and planned resolutions of past or anticipated problems.
If Respondent owns any portion of the Site, at least thirty (30) days prior to the conveyance of any interest in real property at the Site, Respondent shall give written notice that the property is subject to this Order to the transferee and written notice to EPA of the proposed conveyance, including the name and address of the transferee. Respondent agrees to require that its successor comply with the immediately proceeding sentence and Section VI(3) - Access to Property and Information.

2.6 Final Report

Within ninety (90) days after completion of all removal response actions required under this Order, the Respondent shall submit for EPA review and approval a final report summarizing the actions taken to comply with this Order. The final report shall conform with the requirements set forth in Section 300.165 of the NCP entitled "OSC Reports"and OSWER Directive No. 9360.3-03 - "Removal Response Reporting." The final report shall include a good faith estimate of total costs or a statement of actual costs incurred in complying with the Order, a listing of quantities and types of materials removed off-Site or handled on-Site, a discussion of removal and disposal options considered for those materials, a listing of the ultimate destination of those materials, a presentation of the analytical results of all sampling and analyses performed, and accompanying appendices containing all relevant documentation generated during the removal action (e.g., manifests, invoices, bills, contracts, and permits). The final report shall also include the following certification signed by a person who supervised or directed the preparation of that report:

> Under penalty of law, I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of the report, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

3. Access to Property and Information

Respondent shall attempt to obtain access to the Site and off-Site areas to which access is necessary to implement this Order, and shall provide access to all records and documentation related to the conditions at the Site and the actions conducted pursuant to this Order. Such access shall be provided to EPA employees, contractors, agents, consultants, designees, representatives, and ADEM representatives. Such access provided and/or obtained by Respondent shall permit these individuals to move freely in order to conduct actions which EPA determines to be necessary. Respondent shall submit to EPA, upon receipt, the results of all sampling or tests and all other data generated by Respondent or it's contractor(s), or on the Respondent's behalf during implementation of this Order.

a. For all properties (other than Oxford Lake Park) where a response action under this Order is to be performed in areas owned by or in possession of someone other than Respondent, Respondent shall send (within the timeframes specified in this Order, the AS, or the Work Plans approved pursuant to this Order) the applicable correspondence (as provided below) to all resident(s), owner(s), and/or non-resident owner(s) from whom access is needed to perform a response action pursuant to this Order. The correspondence and agreement attached to this Order as Exhibit A shall be sent to all resident(s), owner(s), and/or non-resident owner(s) whose property Respondent is required to sample (in order to determine if further action is necessary) pursuant to this Order. The correspondence and agreement attached to this Order as Exhibit B shall be sent to all resident(s), owner(s), and/or non-resident owner(s) whose property's composite sampling results indicate the presence of PCBs in surface soils at a concentration of 10 mg/kg or greater, and whose property

Respondent needs access to in order to perform a removal response action pursuant this Order.

Respondent shall attempt to identify all resident(s), owner(s), and/or non-resident owner(s) from whom Respondent should obtain access in order to perform any actions required pursuant to this Order by using, at a minimum, the Calhoun County's official records.

Respondent shall send all of the correspondence requesting access pursuant to this Order via certified mail, return receipt requested. If Respondent does not receive the necessary access agreements within thirty (30) days from the date that the resident(s), owner(s), and/or non-resident owner(s) received it, Respondent shall notify EPA in writing, within ten (10) days from the date that the applicable access agreement was due, that Respondent was unable to obtain access from any such party. If the resident(s), owner(s), and/or non-resident owner(s) fail to sign for the certified correspondence within thirty (30) days from the date the correspondence was mailed by Respondent, Respondent shall notify EPA, within thirty-five (35) days from the date the correspondence was originally mailed by Respondent, that Respondent was unable to obtain access from any such party. For any party from whom Respondent was unable to obtain access, Respondent shall maintain a copy of all correspondences, county records, and any other evidence or information Respondent has regarding the resident(s), owner(s), and/or non-resident owner(s) from whom Respondent was unable to obtain access, and provide it to EPA upon request. Respondent shall provide to EPA within 14 days of each denial of access, an "EPA Notification of Noncompliance (Sampling)" which contains all of the information in the model "EPA Notification of Noncompliance (Sampling)" in Exhibit C. EPA may then assist Respondent in gaining access, to the extent necessary to effectuate the response actions described herein, using such means as EPA deems appropriate. Respondent shall reimburse EPA for all costs and attorneys' fees incurred by the United States in obtaining such access. EPA acknowledges that if Respondent has attempted to obtain access to properties subject to this Order in the manner described above, and is unable to do so, then Respondent will not be liable for stipulated penalties for failure to meet any schedules in this Order or the Work Plans approved pursuant to this Order with respect to properties for which is access is denied. To the extent that any resident(s), owner(s), and/or non-resident owner(s) is adverse to Solutia Inc. in a legal proceeding and is represented by counsel, Respondent may send the appropriate correspondence and agreement discussed in Section VI(3) to any such person's counsel only.

b. For Oxford Lake Park, Respondent shall use its best efforts to obtain all necessary access agreements within fifteen (15) days after the effective date of this Order, or as otherwise specified in writing by the OSC. Respondent shall immediately notify EPA if after using its best efforts it is unable to obtain such agreements. Respondent shall describe in writing its efforts to obtain access. EPA may then assist Respondent in gaining access, to the extent necessary to effectuate the response actions for Oxford Lake Park described herein, using such means as EPA deems appropriate. Respondent shall reimburse EPA for all costs and attorneys' fees incurred by the United States in obtaining such access.

4. Record Retention, Documentation, Availability of Information

Respondent shall preserve all documents and information relating to work performed under this Order, or relating to the hazardous substances found on or released from the Site, for ten years following completion of the removal response actions required by this Order. At the end of this ten year-period and thirty (30) days before any document or information is destroyed, Respondent shall notify EPA that such documents and information are available to EPA for inspection, and upon request, shall provide the originals or copies of such documents and information to EPA. In addition, Respondent shall provide documents and information retained under this Section at any time before expiration of the ten year- period at the written request of EPA.

Respondent may assert a business confidentiality claim pursuant to 40 CFR § 2.203(b) with respect to part or all of any information submitted to EPA pursuant to this Order, provided such claim is allowed by Section 104(e)(7) of CERCLA, 42 U.S.C. § 9604(e)(7). Analytical and other data specified in Section 104(e)(7)(F) of CERCLA shall not be claimed as confidential by the Respondent. EPA shall disclose information covered by a business confidentiality claim only to the extent permitted by, and by means of the procedures set forth at, 40 CFR Part 2, Subpart B. If no such claim accompanies the information when it is received by EPA, EPA may make it available to the public without further notice to Respondent.

Respondent shall maintain a running log of privileged documents on a document-by-document basis, containing the date, author(s), addressee(s), subject, the privilege or grounds claimed (e.g., attorney work product, attorney-client), and the factual basis for assertion of the privilege. Respondent shall keep the "privilege log" on file and available for inspection. EPA may at any time challenge claims of privilege.

5. Off-Site Shipments

All hazardous substances, pollutants, or contaminants removed off-Site pursuant to this Order for treatment, storage, or disposal shall be treated, stored, or disposed of at a facility in compliance, as determined by EPA, pursuant to Section 121(d)(3) of CERCLA, 42 U.S.C. § 9621(d)(3), and the off-site rule at 40 CFR 300.440. .EPA will provide information on the acceptability of a facility under Section 121(d)(3) of CERCLA and 40 CFR 300.440.

It is understood that, pursuant to this provision and the statutes and regulations cited herein, material containing PCBs at levels less than 50 mg/kg may be disposed of at a facility permitted for the disposal of non-hazardous wastes under Subtitle D of RCRA or appropriate State law, provided that such material does not contain elevated levels of other hazardous substances that would prohibit it from being disposed of at a non-hazardous waste facility.

6. Compliance With Other Laws

Respondent shall perform all actions required pursuant to this Order in accordance with all applicable local, state, and federal laws and regulations except as provided in CERCLA Section

121(e) and 40 CFR Section 300.415(i). In accordance with 40 CFR Section 300.415(i), all on-Site actions required pursuant to this Order shall, as determined by EPA, attain applicable or relevant and appropriate requirements ("ARARs") under federal environmental or state environmental or facility siting laws. (See "The Superfund Removal Procedures: Guidance on the Consideration of ARARs During Removal Actions," OSWER Directive No. 9360.3-02, August 1991). Respondent shall identify ARARs in the Work Plan subject to EPA approval.

7. Emergency Response and Notification of Releases

If any incident, or change in Site conditions, during the actions conducted pursuant to this Order causes or threatens to cause an additional release of hazardous substances from the Site or an endangerment to the public health, welfare, or the environment, Respondent shall immediately take all appropriate action. Respondent shall take these actions in accordance with all applicable provisions of this Order, including, but not limited to the Health and Safety Plan, in order to prevent, abate or minimize such release or endangerment caused or threatened by the release. Respondent shall also immediately notify the OSC at (404)562-8743 or, in the event of his/her unavailability, shall notify the EPA Hotline at (800)424-8802 of the incident or Site conditions. If Respondent fails to respond, EPA may respond to the release or endangerment and reserve the right to pursue cost recovery.

In addition, in the event of any release of a hazardous substance from the Site, Respondent shall immediately notify EPA's OSC and the National Response Center at telephone number (800) 424-8802. Respondent shall submit a written report to EPA within seven (7) days after each release, setting forth the events that occurred and the measures taken or to be taken to mitigate any release or endangerment caused or threatened by the release and to prevent the reoccurrence of such a release. This reporting requirement is in addition to, not in lieu of, reporting under CERCLA Section 103(c) and Section 304 of the Emergency Planning and Community Right-To-Know Act of 1986, 42 U.S.C. §§ 11001 et seq.

VII. AUTHORITY OF THE EPA ON-SCENE COORDINATOR

The OSC shall be responsible for overseeing the Respondent's implementation of this Order. The OSC shall have the authority vested in an OSC by the NCP, including the authority to halt, conduct, or direct any work required by this Order, or to direct any other removal action undertaken at the Site. Absence of the OSC from the Site shall not be cause for stoppage of work unless specifically directed by the OSC.

VIII. REIMBURSEMENT OF COSTS

Respondent shall reimburse EPA for all AOC Oversight Costs, which were incurred in a manner not inconsistent with the NCP, incurred by the United States.

On a periodic basis, EPA shall submit to Respondent a bill for AOC Oversight Costs that includes a SCORPIOS report (or if Region 4 is no longer using SCORPIOS, the type of cost summary report Region 4 is using at the time of the bill). Respondent shall, within thirty (30) days of receipt of the bill, remit a cashier's or certified check for the amount of the bill made payable to the "Hazardous Substance Superfund," to the following address:

United States Environmental Protection Agency
Region IV
Superfund Accounting
P.O. Box 100142
Atlanta, Georgia 30384
Attn: Collection Officer in Superfund

Respondent shall simultaneously transmit a copy of the check to Ms. Paula V. Batchelor at:

U.S. Environmental Protection Agency
CERCLA Program Services Branch
Waste Management Division
61 Forsyth Street S.W.
Atlanta, GA 30303

Payments shall be designated as "AOC Oversight Costs - Anniston PCB Site" and shall reference the payor's name and address, the EPA site identification number 04-S9, and the docket number of this Order.

In the event that the payments for AOC Oversight Costs are not made within thirty (30) days of the Respondent's receipt of the bill, Respondent shall pay interest on the unpaid balance. Interest is established at the rate specified in Section 107(a) of CERCLA. The interest for Respondent's failure to make timely payments on AOC Oversight Costs shall begin to accrue on the date of the Respondent's receipt of the bill. Interest shall accrue at the rate specified through the date of the payment. Payments of interest made under this paragraph shall be in addition to such other remedies or sanctions available to the United States by virtue of Respondent's failure to make timely payments under this Section.

Respondent may dispute all or part of a bill for AOC Oversight Costs submitted under this Order, if Respondent alleges that EPA has made an accounting error, or if Respondent alleges that a cost item is inconsistent with the NCP, or that a cost is not appropriate for reimbursement under the terms of this Order.

If any dispute over costs is resolved before payment is due, the amount due will be adjusted as necessary. If the dispute is not resolved before payment is due, Respondent shall pay the full amount of the uncontested costs into the Hazardous Substance Fund as specified above on or before the due date. Within the same time period, Respondent shall pay the full amount of the contested costs into an interest-bearing escrow account. Respondent shall simultaneously transmit a copy of both checks to the OSC. Respondent shall ensure that the prevailing party or parties in

the dispute shall receive the amount upon which they prevailed from the escrow funds plus interest within ten (10) days after the dispute is resolved.

IX. DISPUTE RESOLUTION

The parties to this Order shall attempt to resolve, expeditiously and informally, any disagreements concerning this Order.

If the Respondent objects to any EPA action taken pursuant to this Order, including billings for AOC Oversight Costs, the Respondent shall notify EPA in writing of its objection(s) within thirty (30) days of receipt of notice of such action, unless the objection(s) has/have been informally resolved.

EPA and Respondent shall within thirty (30) days from EPA's receipt of the Respondent's written objections attempt to resolve the dispute through formal negotiations (Negotiation Period). The Negotiation Period may be extended at the sole discretion of EPA. EPA's decision regarding an extension of the Negotiation Period shall not constitute an EPA action subject to dispute resolution or a final agency action giving rise to judicial review.

Any agreement reached by the parties pursuant to this Section shall be in writing, signed by both parties, and shall upon the signature by both parties be incorporated into and become an enforceable element of this Order. If the parties are unable to reach an agreement within the Negotiation Period, an EPA management official at the Director, Waste Management Division level or higher will issue a written decision on the dispute to the Respondent. The decision of EPA shall be incorporated into and become and enforceable element of this Order upon Respondent's receipt of the EPA decision regarding the dispute. Respondent's obligations under this Order shall not be tolled by submission of any objection for dispute resolution under this Section.

Following resolution of the dispute, as provided by this Section, Respondent's shall fulfill the requirement that was the subject of the dispute in accordance with the agreement reached or with EPA's decision, whichever occurs. No EPA decision made pursuant to this Section shall constitute a final agency action giving rise to judicial review prior to a judicial action brought by the United States to enforce the decision.

X. FORCE MAJEURE

Respondent agrees to perform all requirements under this Order within the time limits established under this Order, unless the performance is delayed by a force majeure. For purposes of this Order, a force majeure is defined as any event arising from causes beyond the control of Respondent or of any entity controlled by Respondent, including but not limited to its contractors and subcontractors, that delays or prevents performance of any obligation under this Order despite

Respondent's best efforts to fulfill the obligation. Force majeure does not include financial inability to complete the work or increased cost of performance.

Respondent shall notify EPA orally within forty-eight (48) hours after the event, and in writing within seven (7) days after Respondent becomes or should have become aware of events, which constitute a force majeure. Such notice shall: identify the event causing the delay or anticipated delay; estimate the anticipated length of delay, including necessary demobilization and re-mobilization; state the measures taken or to be taken to minimize the delay; and estimate the timetable for implementation of the measures. Respondent shall take all reasonable measures to avoid and minimize the delays. Failure to comply with the notice provision of this Section shall waive any claim of force majeure by the Respondent.

If EPA determines a delay in performance of a requirement under this Order is or was attributable to a force majeure, the time period for performance of that requirement shall be extended as deemed necessary by EPA. Such an extension shall not alter Respondent's obligation to perform or complete other tasks required by the Order which are not directly affected by the force majeure.

XI. STIPULATED AND STATUTORY PENALTIES

For each day, or portion thereof, that Respondent fails to perform, fully, any requirement of this Order in accordance with the schedule established pursuant to this Order and any plans approved pursuant to this Order, Respondent shall be liable as follows:

Period of Failure to Comply	Penalty Per Violation Per Day
1st through 7th day	$500.00
8th through 15th day	$1,000.00
16th day and beyond	$5,000.00

Upon receipt of written demand by EPA, Respondent shall make payment to EPA within thirty (30) days. Interest shall accrue on late payments as of the date the payment is due which is the date of the violation or act of non-compliance triggering the stipulated penalties.

Even if violations are simultaneous, separate penalties shall accrue for separate violations of this Order. Penalties accrue and are assessed per violation per day. Penalties shall accrue regardless of whether EPA has notified Respondent of a violation or act of noncompliance. The payment of penalties shall not alter in any way Respondent's obligation to complete the performance of the work required under this Order.

Violation of any provision of this Order may subject Respondent to civil penalties of up to twenty-seven thousand five-hundred dollars ($27,500) per violation per day, as provided in Section 106(b)(1) of CERCLA, 42 U.S.C. § 9606(b)(1). Respondent may also be subject to punitive damages in an amount up to three times the amount of any cost incurred by the United States as a result of such violation, as provided in Section 107(c)(3) of CERCLA, 42 U.S.C. § 9607(c)(3).

Should Respondent violate this Order or any portion hereof, EPA may carry out the required actions unilaterally, pursuant to Section 104 of CERCLA, 42 U.S.C. § 9604, and/or may seek judicial enforcement of this Order pursuant to Section 106 of CERCLA, 42 U.S.C. § 9606.

XII. RESERVATION OF RIGHTS

Except as specifically provided in this Order, nothing herein shall limit the power and authority of EPA or the United States to take, direct, or order all actions necessary to protect public health, welfare, or the environment or to prevent, abate, or minimize an actual or threatened release of hazardous substances, pollutants or contaminants, or hazardous or solid waste on, at, or from the Site. Further, nothing herein shall prevent EPA from seeking legal or equitable relief to enforce the terms of this Order, from taking other legal or equitable action as it deems appropriate and necessary, or from requiring the Respondent in the future to perform additional activities pursuant to CERCLA or any other applicable law. EPA reserves the right to bring an action against Respondent under Section 107 of CERCLA, 42 U.S.C. § 9607, for recovery of any response costs incurred by the United States related to this Order or the Site and not reimbursed by Respondent.

XIII. OTHER CLAIMS

By issuance of this Order, the United States and EPA assume no liability for injuries or damages to persons or property resulting from any acts or omissions of Respondent. Neither the United States nor EPA shall be deemed a party to any contract entered into by the Respondent or its directors, officers, employees, agents, successors, representatives, assigns, contractors, or consultants in carrying out actions pursuant to this Order.

Except as expressly provided in Section XIV - Covenant Not To Sue, nothing in this Order constitutes a satisfaction of or release from any claim or cause of action against the Respondent or any person not a party to this Order, for any liability such person may have under CERCLA, other statutes, or the common law, including but not limited to any claims of the United States for costs, damages and interest under Sections 106(a) and 107(a) of CERCLA, 42 U.S.C. §§ 9606(a) and 9607(a).

This Order does not constitute a preauthorization of funds under Section 111(a)(2) of CERCLA, 42 U.S.C. § 9611(a)(2). The Respondent waives any claim to payment under Sections 106(b), 111, and 112 of CERCLA, 42 U.S.C. §§ 9606(b), 9611, and 9612, against the United States or the Hazardous Substance Superfund arising out of any action performed under this Order.

No action or decision by EPA pursuant to this Order shall give rise to any right to judicial review except as set forth in Section 113(h) of CERCLA, 42 U.S.C. § 9613(h).

XIV. COVENANT NOT TO SUE

Except as otherwise specifically provided in this Order, upon issuance of the EPA notice referred to in Section XIX - Notice of Completion, EPA covenants not to sue Respondent for judicial imposition of damages or civil penalties or to take administrative action against Respondent for any failure to perform removal actions agreed to in this Order except as otherwise reserved herein.

Except as otherwise specifically provided in this Order, in consideration and upon Respondent's payment of the AOC Oversight Costs specified in Section VIII of this Order, EPA covenants not to sue or to take administrative action against Respondent's under Section 107(a) of CERCLA for recovery of AOC Oversight Costs incurred by the United States in connection with this removal action or this Order. This covenant not to sue shall take effect upon the receipt by EPA of the payments required by Section VIII - Reimbursement of Costs.

These covenants not to sue are conditioned upon the complete and satisfactory performance by Respondent of its obligations under this Order. These covenants not to sue extend only to the Respondent and do not extend to any other person.

XV. CONTRIBUTION PROTECTION

With regard to claims for contribution against Respondent for matters addressed in this Order, the Parties hereto agree that the Respondent is entitled to protection from contribution actions or claims to the extent provided by Sections 113(f)(2) and 122(h)(4) of CERCLA, 42 U.S.C. §§ 9613(f)(2) and 9622(h)(4).

Nothing in this Order precludes the United States or the Respondent from asserting any claims, causes of action or demands against any persons not parties to this Order for indemnification, contribution, or cost recovery.

XVI. INDEMNIFICATION

Respondent agrees to indemnify, save and hold harmless the United States, its officials, agents, contractors, subcontractors, employees and representatives from any and all claims or causes of action: (A) arising from, or on account of, acts or omissions of Respondent, Respondent's officers, heirs, directors, employees, agents, contractors, subcontractors, receivers, trustees, successors or assigns, in carrying out actions pursuant to this Order; and (B) for damages or reimbursement arising from or on account of any contract, agreement, or arrangement between Respondent, and (any one or more) persons for performance of work on or relating to the Site, including claims on account of construction delays. In addition, Respondent agrees to pay the United States all costs incurred by the United States, including litigation costs arising from or on account of claims made against the United States based on any of the acts or omissions referred to in the preceding paragraph.

Respondent waives all claims against the United States for damages or reimbursement or for set-off of any payments made or to be made to the United States, arising from or on account of any contract, agreement, or arrangement between (any one or more of) Respondent and any person for performance of Work on or relating to the Site, including, but not limited to, claims on account of construction delays.

XVII. INSURANCE

The proof of insurance previously submitted by Respondent to EPA pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. Respondent shall maintain for the duration of this Order, comprehensive general liability insurance and automobile insurance with limits of five (5) million dollars, combined single limit. Respondent shall provide EPA with certificates of such insurance and a copy of each insurance policy, if Respondent has not done so already. If Respondent demonstrates by evidence satisfactory to EPA that any contractor or subcontractor maintains insurance equivalent to that described above, or insurance covering some or all of the same risks but in an equal or lesser amount, then Respondent need provide only that portion of the insurance described above which is not maintained by such contractor or subcontractor.

XVIII. MODIFICATIONS

Requirements of this Order may be modified in writing by mutual agreement of the parties.

If Respondent seeks permission to deviate from any approved Work Plan or schedule, Respondent's Project Coordinator shall submit a written request to EPA for approval outlining the proposed Work Plan modification and its basis.

No informal advice, guidance, suggestion, or comment by EPA regarding reports, plans, specifications, schedules, or any other writing submitted by Respondent shall relieve Respondent of its obligation to obtain such formal approval as may be required by this Order, and to comply with all requirements of this Order unless it is formally modified.

XIX. NOTICE OF COMPLETION

When EPA determines, after EPA's review of the Final Report, that all removal actions have been fully performed in accordance with this Order, with the exception of any continuing obligations required by this Order, EPA will provide notice to the Respondent. If EPA determines that any removal actions have not been completed in accordance with this Order, EPA will notify Respondent, provide a list of the deficiencies, and require that Respondent modify the Work Plan if appropriate in order to correct such deficiencies. Respondent shall implement the modified and approved Work Plan and shall submit a modified Final Report in accordance with the EPA notice.

Failure by Respondent to implement the approved modified Work Plan shall be a violation of this Order.

XX. SEVERABILITY

If a court issues an order that invalidates any provision of this Order or finds that Respondent has sufficient cause not to comply with one or more provisions of this Order, Respondent shall remain bound to comply with all provisions of this Order not invalidated or determined to be subject to a sufficient cause defense by the court's order.

XXI. EFFECTIVE DATE

All aspects of this Order shall be effective (2) days after Respondent receives notification that the Order has been signed by EPA Region 4.

The undersigned representative of Respondent certifies that they are fully authorized to enter into the terms and conditions of this Order and to bind the party they represent to this document.

Agreed this 25th day of September, 2001.

Solutia Inc.

By: _____

Karl R. Barnickol (Typed Name)

Its: Senior Vice President, General Counsel, and Secretary

It is so ORDERED and Agreed this 3rd day of October, 2001.

BY: _____ DATE: 10/3/2001

Myron D. Lair, Chief
Emergency Response and Removal Branch, Region IV
U.S. Environmental Protection Agency

EFFECTIVE DATE: 10/5/2001

Exhibit A

SAMPLING CORRESPONDENCE

AND

LICENSE AGREEMENT

Exhibit A

SAMPLING CORRESPONDENCE

{Name}
{Address}

Re: Property Located at {address}

Dear _____:

Solutia Inc. and the United States Environmental Protection Agency (EPA) have entered into an administrative agreement requiring Solutia to perform certain tasks in and around the Anniston area with EPA oversight. At EPA's request and pursuant to the administrative agreement, Solutia has agreed to investigate residential properties in certain areas in and around Anniston for the presence of polychlorinated biphenyls ("PCBs") and lead. The above referenced property is within one of the areas in which Solutia agreed to investigate.

So that Solutia can perform its investigation, Solutia requests that you grant permission for Solutia, EPA, the Alabama Department of Environmental Management (ADEM), and their contractors and representatives to enter your property by signing the enclosed License Agreement and returning it to me in the enclosed, self-addressed, stamped envelope within thirty days from the day you receive this letter.

Solutia will need to obtain soil samples from your front and back yards. Those samples will then be analyzed at an EPA-approved laboratory for the presence of PCBs and lead. Under the administrative agreement, Solutia has agreed to remove or otherwise address soils where the initial sampling reveals the presence of PCBs at levels equal to or greater than 10 parts per million. After your soil is analyzed, Solutia will provide you with copies of the sampling results. If the results indicate a presence of PCBs at levels equal to or greater than 10 parts per million, Solutia will request access to undertake additional response activities to address PCB impacted areas on your property. The initial sampling and any additional work performed on your property will not cost you any money and will be designed to minimize any inconvenience to you.

If you have any questions regarding the attached License Agreement, please do not hesitate to give me a call. I can be reached at _____. Alternatively, you may call Steve Spurlin, EPA's on-scene coordinator responsible for overseeing Solutia's activities under the administrative agreement. Mr. Spurlin can be reached at EPA's Community Relations Center in Anniston at (256)236-2599.

We thank you for your cooperation and appreciate your prompt attention to this matter.

Sincerely,

_____

Solutia Inc.

Exhibit A

SAMPLING LICENSE AGREEMENT

This License Agreement is made between _____ _____, a landowner **(or tenant)** in Calhoun County, Alabama, owning **(or leasing)** property located at _____ ("Owner") **(or "Tenant)**, and Solutia Inc., 702 Clydesdale Avenue, Anniston, Alabama, 36201-5390.

1. Owner **(or Tenant)** hereby grants to Solutia, EPA, ADEM, and their contractors and representatives a revocable license to enter upon real property owned by Owner **(or leased by Tenant)** located at _____ _____ (the "Property"), for the following purpose: Taking soil samples from the Property and analyzing such samples for the presence of polychlorinated biphenyls ("PCBs") and lead. This access shall permit the collection of soil samples from the unimproved portions of the Property and any soils beneath any structures on the Property, including crawl space areas or unfinished basements.

2. Solutia agrees, upon completion of the sampling and testing to be performed, that all material and equipment shall be removed from the Property, except for improvements agreed to by Owner **(if Tenant is signing this license, put Owners name here)**. The Property will be restored as nearly as possible to its original state and condition.

3. Solutia assumes responsibility for, and agrees to indemnify Owner **(or Tenant)** for, any liability for losses, expenses, damages, demands, and claims in connection with or arising out of any injury to persons or damage to property sustained in connection with or arising out of performance of the work hereunder.

4. Solutia assumes responsibility and liability for violations of Federal, State, or local law incurred in connection with or arising out of performance of the work hereunder.

5. Owner **(or Tenant)** shall advise Solutia of any utility lines or other hazardous or potentially hazardous conditions that Owner **(or Tenant)** is aware of that might reasonably be expected to be affected by the work to be performed.

6. This Agreement contains the entire agreement among the parties, and no other agreements, whether oral or written, between the parties with respect to the subject matter of this Agreement shall be binding or valid, except as provided above.

Executed this _____ day of _____, 2000.

By:

_____

Print/Typed Name: _____

Address: _____

_____

SOLUTIA INC.

By:

_____

Title: _____

Exhibit B

SOIL REMOVAL CORRESPONDENCE

AND

LICENSE AGREEMENT

Exhibit B

SOIL REMOVAL CORRESPONDENCE

{Name}
{Address}

Re: Property Located at {address}

Dear _____:

Solutia Inc. and the United States Environmental Protection Agency (EPA) have entered into an administrative agreement requiring Solutia to perform certain tasks in and around the Anniston area with EPA oversight. As you are aware, EPA and/or Solutia previously sampled your property for the presence of PCBs and found a level of PCBs in a composite sample equal to or greater than 10 parts per million in your (front/back/or whole) yard. At EPA's request and pursuant to the administrative agreement, Solutia has agreed to perform a removal action on your property to address the presence of PCBs in your (front/back/or whole) yard. In addition, Solutia has agreed pursuant to the administrative agreement to sample dust in in your home for the presence of PCBs, and if the dust samples indicate PCB concentrations equal to or greater than 2 parts per million, Solutia has agreed to clean the inside of your home.

So that Solutia can perform the removal action, Solutia requests that you grant permission for Solutia, EPA, the Alabama Department of Environmental Management (ADEM), and their contractors and representatives to enter your property for the following purposes: 1) to address PCB impacted soils on your property; and 2) to sample the dust inside of your home for PCBs, and if necessary to clean it up. You may grant permission for the above described activities by signing the enclosed License Agreement and returning it to me in the enclosed, self-addressed, stamped envelope within thirty days from the day you receive this letter.

Before Solutia performs any removal action on your property, the action will be explained to you in writing. Depending on the scope of the removal action necessary on your property, it may be necessary to temporarily relocate all of the residents living in the home during the removal action. Any temporary relocation offered pursuant to the administrative agreement between EPA and Solutia Inc. will be in accordance with applicable Federal and State law. The work performed on your property, including any temporary relocation during the removal action, will not cost you any money and will be designed to minimize any inconvenience to you.

If you have any questions regarding the attached License Agreement, please do not hesitate to give me a call. I can be reached at _____. Alternatively, you may call Steve Spurlin, EPA's on-scene coordinator responsible for overseeing Solutia's activities under the administrative agreement. Mr. Spurlin can be reached at EPA's Community Relations Center in Anniston at (256)236-2599.

We thank you for your cooperation and appreciate your prompt attention to this matter.

Sincerely,

_____

Solutia Inc.

Exhibit B

SOIL-REMOVAL LICENSE AGREEMENT

This License Agreement is made between _____ _____, a landowner **(or tenant)** in Calhoun County, Alabama, owning property located at _____("Owner")**(or "Tenant")**, and Solutia Inc., 702 Clydesdale Avenue, Anniston, Alabama, 36201-5390.

1. Owner **(or Tenant)** hereby grants to Solutia, EPA, ADEM, and their contractors and representatives a revocable license to enter upon real property owned by Owner **(or leased by Tenant)** located at _____ _____ (the "Property"), for one or more of the following purposes:

1.1 Removing soils from the Property, disposing of soils from the Property, performing engineered controls (including, but not limited to, drainage modification and grading) at the Property, and restoring the Property as nearly as possible to its original state and condition in accordance with a work plan to be provided to Owner **(or Tenant)** prior to the initiation of any work on the Property.

1.2 Sampling soils on the Property for the presence of PCBs and/or lead in order to determine the scope and extent of the cleanup.

1.3 Sampling dust in the interior of improvements on the Property, analyzing such samples for the presence of PCBs, and if the dust samples indicate PCB concentrations equal to or greater than 2 parts per million, cleaning to remove PCBs from the interior of the improvements.

2. Solutia agrees, upon completion of the sampling, testing, and any soil removal response action and/or restoration to be performed, that all material and equipment shall be removed from the Property, except for improvements agreed to by Owner **(if Tenant is signing this license, put Owners name here)**. The Property will be restored as nearly as possible to its original state and condition.

3. Solutia assumes responsibility for, and agrees to indemnify Owner **(or Tenant)** for, any liability for losses, expenses, damages, demands, and claims in connection with or arising out of any injury to persons or damage to property sustained in connection with or arising out of performance of the work hereunder.

4. Solutia assumes responsibility and liability for violations of Federal, State, or local law incurred in connection with or arising out of performance of the work hereunder.

5. Owner **(or Tenant)** shall advise Solutia of any utility lines or other hazardous or potentially hazardous conditions that Owner **(or Tenant)** is aware of that might reasonably be expected to be affected by the work to be performed.

6. This Agreement contains the entire agreement among the parties, and no other agreements, whether oral or written, between the parties with respect to the subject matter of this Agreement shall be binding or valid, except as provided above.

Executed this _____ day of _____, 2000.

By:

_____

Print/Typed Name: _____

Address: _____

_____

SOLUTIA INC.

By:

_____

Title: _____

Exhibit C

"EPA NOTIFICATION OF NONCOMPLIANCE (SAMPLING)"

EPA NOTIFICATION OF NONCOMPLIANCE (SAMPLING)

Anniston PCB Site

Administrative Order On Consent

		Sampling Letter				
		Sent	Signed For	Returned	Access Granted?	Days Out
Residential: Zone 1: Phase 1						
3301 Hwy 202						
3736: 11-22-01-11-08-05.010						
1148 > Tenant	Current Resident 3301 Hwy 202 Anniston, AL 36201	06/08/01	06/12/01			38
415 S Colvin St						
4832: 11-22-06-14-03-02.000						
1107 > Owner	415 S Colvin St Anniston, AL 36201	06/08/01	06/12/01			38
418 S Colvin St						
7070: 11-22-06-14-04-17.000						
1141 > Owner	420 S Colvin St Anniston, AL 36201	06/08/01	06/12/01	06/22/01	NO	–
1167 > Tenant	Current Resident 418 S Colvin St Anniston, AL 36201	06/08/01	06/12/01			38
429 S Colvin St						
7069: 11-22-06-14-03-02.000						
1140 > Owner	415 S Colvin St Anniston, AL 36201	06/08/01	06/12/01			38
430 S Colvin St						
4772: 11-22-06-14-04-16.000						
1120 > Owner	412 S Colvin St Anniston, AL 36201	06/08/01	06/14/01			36
507 S Colvin St						
4834: 11-22-06-14-03-09.000						
1175 > Tenant	507 S Colvin St Anniston, AL 36201-4919	06/08/01	06/12/01			38

Exhibit D

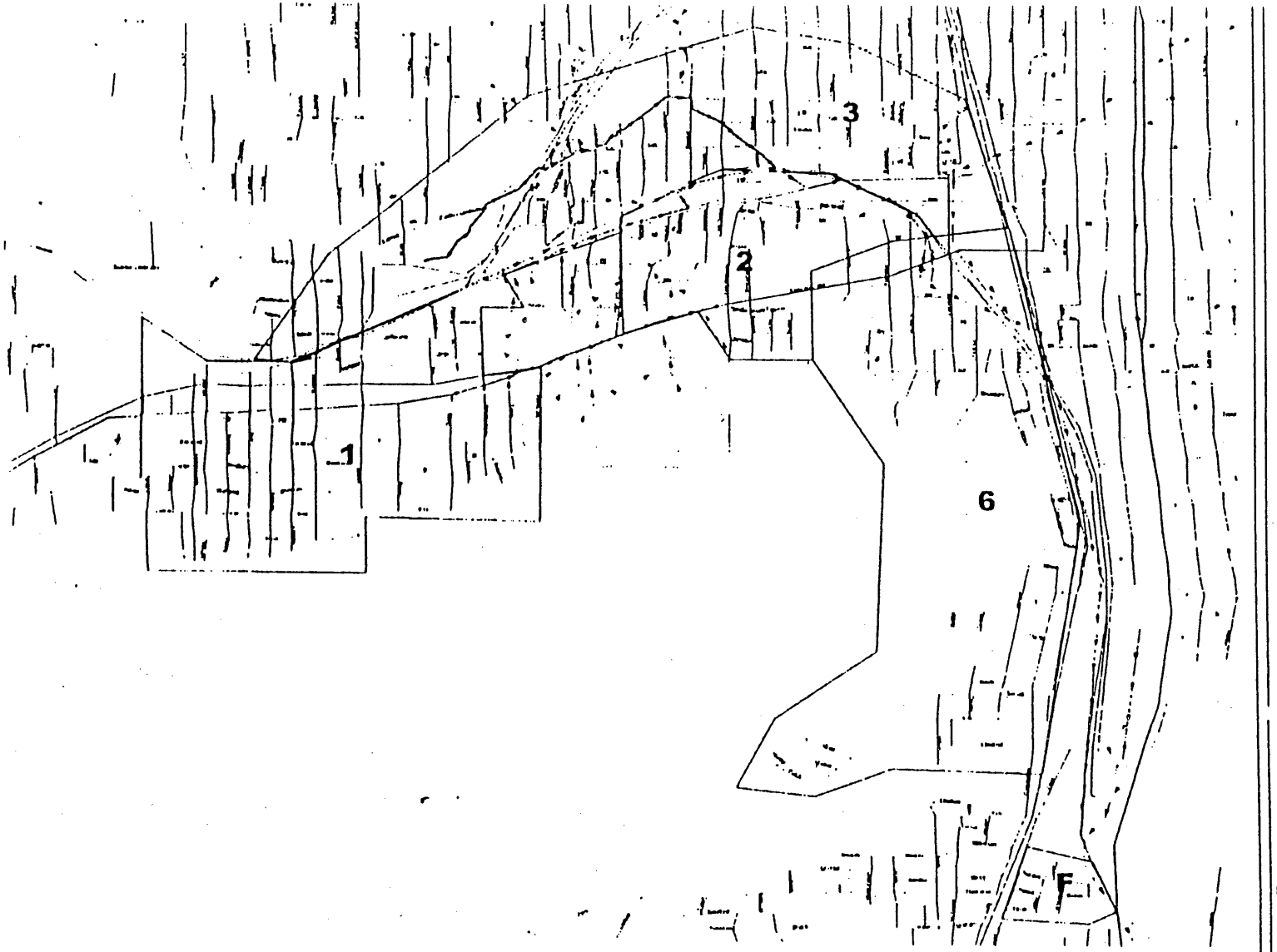
PROPERTIES WITH PCB'S ≥10 PPM

Properties with PCB's ≥10 PPM

1. 1230 West 12th Street
2. 2302 Calhoun Street
3. 912 Duncan Avenue
4. 920 McDaniel Avenue
5. 1215 West 11th Street
6. 1113 McDaniel Avenue
7. 1209 Crawford Avenue
8. 709 Mulberry Avenue
9. 701 Mulberry Avenue
10. 717 Zinn Parkway Drive
11. 200 Patrick Street, Oxford
12. 215 Patrick Street, Oxford
13. 216 Patrick Street, Oxford
14. 1212 West 12th Street
15. 111 Hall Street
16. 423 Chestnut Avenue
17. 1116 Brown Avenue
18. 1523 Cobb Avenue
19. 1407 Glen Addie Avenue

Exhibit E

Figure 1



LEGEND:

- Drainage (From Topo)
- Drainage (From Solutia)

Drainage Area(s)

- For Characterization
- For Remediation

- SHORT-TERM Zone(s)
- Utility Lines
- Streets
- Railroads
- Streams
- Solutia Property Line*
- Flood Zone

* note:

SCALE

US Environmental Protection Agency - Region IV

Anniston PCBs

Anniston, Calhoun County, Alabama

TDD NO. 4T-00-09-005

AOC* FIGURE 1

-FINAL-

Short Term: Zones and Drainage Area for Characterization and for Remediation

Tetra Tech EM Inc. START

Exhibit F

Figure 2

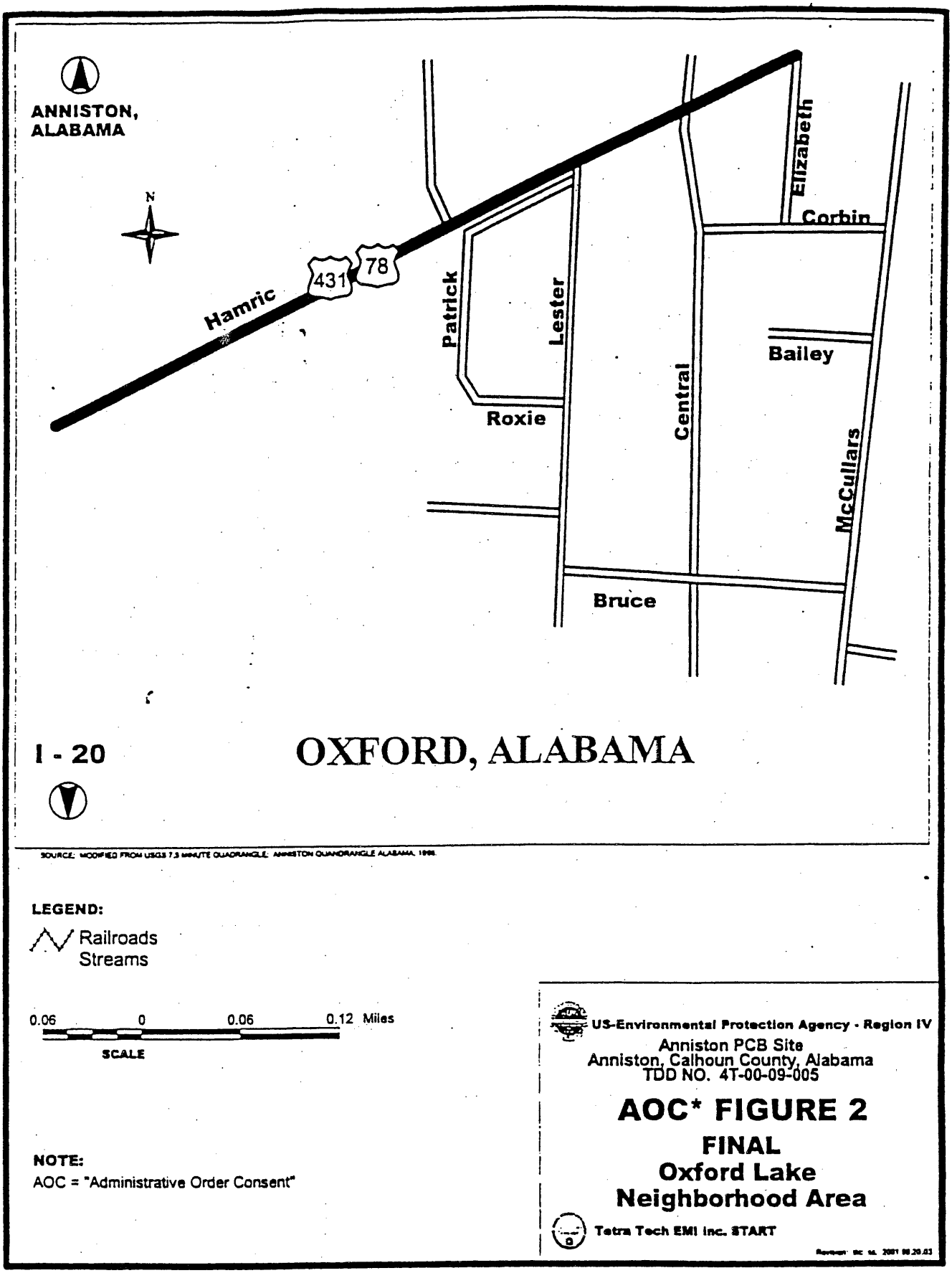
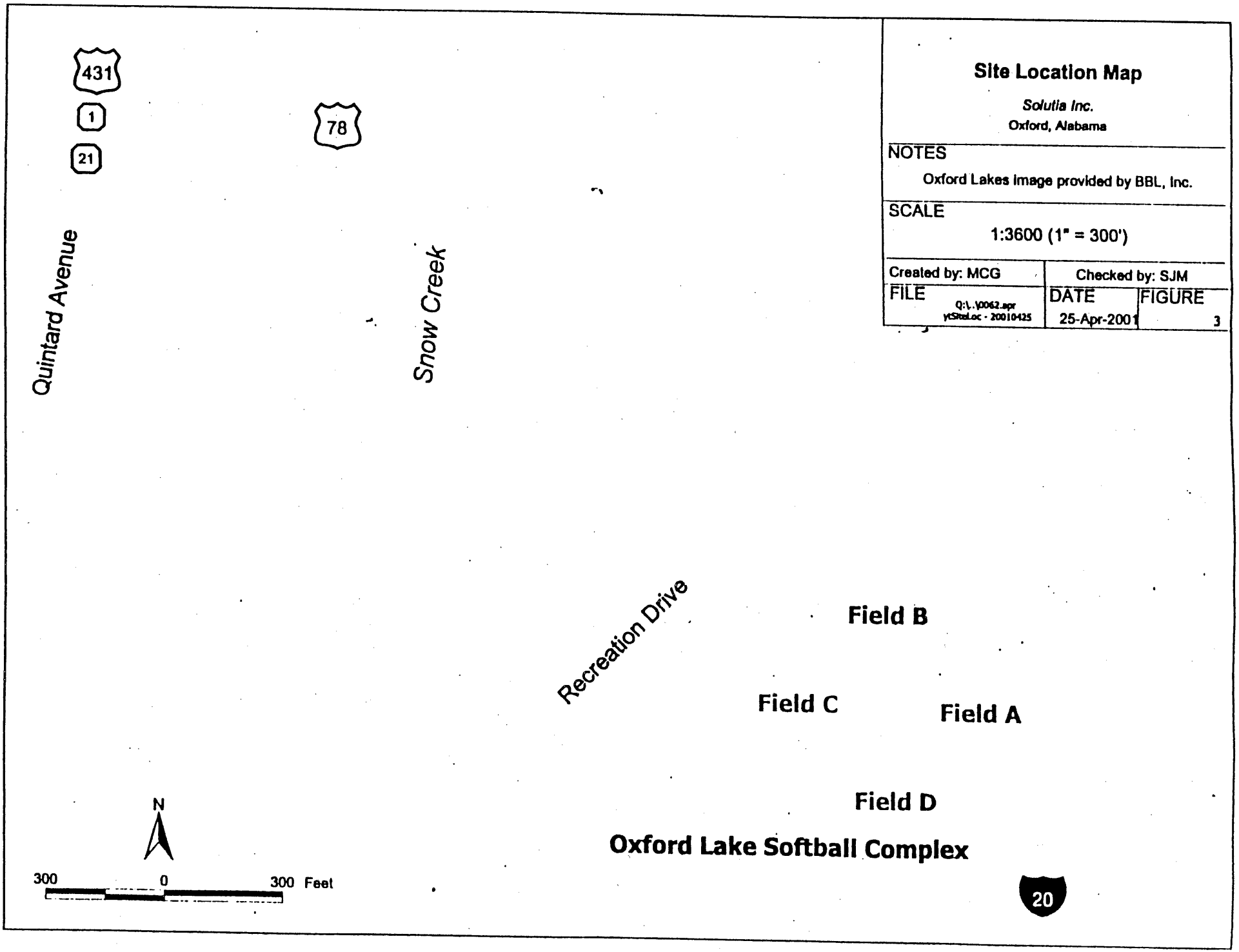

ANNISTON, ALABAMA
N
Hamric
431
78
Patrick
Lester
Elizabeth
Corbin
Bailey
Central
Roxie
McCullars
Bruce
I - 20
OXFORD, ALABAMA
SOURCE: MODIFIED FROM USGS 7.5 MINUTE QUADRANGLE: ANNISTON QUANDRANGLE ALABAMA, 1998.
LEGEND:
Railroads
Streams
0.06 0 0.06 0.12 Miles
SCALE
NOTE:
AOC = "Administrative Order Consent"
US-Environmental Protection Agency - Region IV
Anniston PCB Site
Anniston, Calhoun County, Alabama
TDD NO. 4T-00-09-005
AOC* FIGURE 2
FINAL
Oxford Lake
Neighborhood Area
Tetra Tech EMI Inc. START

Exhibit G

Figure 3


431
1
21
78
Quintard Avenue
Snow Creek
Recreation Drive
Field B
Field C
Field A
Field D
Oxford Lake Softball Complex
20
N
300
0
300 Feet
Site Location Map
Solutia Inc.
Oxford, Alabama
NOTES
Oxford Lakes Image provided by BBL, Inc.
SCALE
1:3600 (1" = 300')
Created by: MCG
Checked by: SJM
FILE
Q:\..\0062.apr
ytSiteLoc - 20010425
DATE
25-Apr-2001
FIGURE
3

APPENDIX B

KEY USEPA CORRESPONDENCE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

February 4, 2002

4WD-ERRB

Craig Branchfield
Manager, Remedial Projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328

Re: 11th Street Ditch Removal Action Response Work Plan, Anniston PCB Site, Anniston, Alabama

Dear Mr. Branchfield:

The U. S. Environmental Protection Agency (EPA) has reviewed the July 6, 2001, 11th Street Ditch Removal Response Work Plan submitted by Solutia Inc. pursuant to the Administrative Order on Consent (AOC). Additionally, EPA reviewed the information Solutia provided in the October 12, 2001 letter submitted to provide additional information to support Solutia's proposed removal alternative.

The EPA does not feel the proposed removal actions are sufficient to ensure that the requirements of the AOC will be met; therefore, the work plan is not approved. Outlined below are EPA's comments and responses to the proposal..

1. When referencing the "ditch", EPA defines the ditch as an area which includes the ditch bottom, side slopes, and non-channelized areas generally portrayed in the figure titled Plate 1 of the work plan. This would include non-channelized areas in close proximity to the ditch, such as areas between the main tracks and the spur tracks just west of Clydesdale Avenue. However, flood plain areas outside the defined eastern portion of the ditch would be included in future evaluations by the ADEM RCRA and EPA Remedial programs. The intent is to ensure that the removal action implemented will result in a "clean" corridor along the rail way area.

2. If a liner was installed along the ditch as proposed, it would be difficult to provide assurance that the liner was meeting the AOC requirements over the long-term, due to existing PCB contamination near the 11th Street ditch. EPA could likely identify areas near the ditch having PCB levels greater than 1 ppm.

3. Solutia's October 12, 2001 letter indicates that the Alabama Department of Environmental Management (ADEM) has stated that the lining alternative is an appropriate interim measure for the 11th Street ditch. EPA's review of the May 19, 1999 ADEM letter, and subsequent conversations with ADEM, indicate that the alternative was approved for **further consideration**. The ADEM letter did express concern about the long-term durability of a liner, and the ability to conduct adequate maintenance on a non-owned (right-of-way) property.

4. Solutia's October 12, 2001 letter stated several factors supporting the proposal. The EPA responds to these factors as follows:

a. relocation of existing water line: After consulting with a contractor with extensive construction and environmental remediation experience, EPA feels that adequate remediation could be conducted to meet the requirements of the AOC without relocation of the line. EPA assumes that relocation of the water line is based on the municipalities concern about future maintenance or infiltration of PCB's into the line. Removal of PCBs around the line will address these issues. The EPA is willing to further discuss the need for relocation with Solutia and the Anniston utilities office.

b. risk to integrity of rail line: At the previous meeting between EPA, Solutia, and Norfolk Southern representatives, the railroad indicated that neither lining or excavation would impose a significant risk to the tracks if appropriate controls were instituted. In this regard, the railroad has committed to working with the parties involved with the project. From EPA's observations of the area, the most troublesome area would likely be the embankment on the south side of the ditch that supports the track along the lower reach of the ditch. This situation can likely be addressed through appropriate engineering controls such as installing sheet pile.

c. risks from heavy truck traffic: EPA and numerous responsible parties have conducted trucking operations safely in many similar situations. EPA is confident that Solutia's contractor will implement the appropriate health and safety measures to ensure the work is conducted with minimal risk to the residential area. The area is probably more conducive to trucking operations because much of the ditch has accessible areas owned by a limited number of parties, and the truck traffic would not traverse directly through a residential area.

d. excavation of active ditch/sediment transport: EPA feels there are existing engineering controls to address both flow and sediment transport issues. Also, the work plan indicated that Solutia would obtain an NPDES permit for this action. In addition to the fact that the work is being conducted pursuant to CERCLA removal authorities, the diversion of storm water around a work area may not require a permit. EPA is discussing this issue with the EPA and ADEM NPDES offices.

5. EPA acknowledges that remedies similar to the lining remedy have been implemented in the area. EPA believes that the situation at many of the referenced areas (landfills, Hwy 202. Mall, etc..) is significantly different than the ditch. For example, the landfills and several other areas, where lining/capping were implemented are owned by Solutia. At these areas, Solutia controls access, conducts maintenance, and in some cases, monitors potential release areas via periodic sampling. Solutia will never own the majority of the ditch property. The work plan indicates no formal agreement between Solutia and the property owners regarding access, future inspection/maintenance, or monitoring via sampling.

   During the previous meeting, the railroad indicated concerns about third party (utility) disturbance in the right-of-way. EPA is similarly concerned regarding future subsurface disturbance from utility work, or a catastrophic event such as a derailment. Such events could result in the release of PCBs at levels that exceed the AOC requirements.

   The ditch is located closer to residential areas than many of the referenced projects. To date, several of the lining/capping activities conducted by Solutia have not been approved by ADEM as final remedies. EPA understands that further detailed evaluation regarding the long-term effectiveness of these interim measures will be required prior to approval as a final remedy. Significant removal of PCBs from the ditch could minimize the future resource requirements related to approval as a final remedy.

6. Some of the EPA samples collected along the portion of the ditch on the Alabama Power company property had lab results exceeded 50 ppm for PCBs. Solutia will need to consider this information when planning removal and disposal of material from this area.

7. In EPA's discussions with Solutia, there has been some indication based on past sampling that there is likely a "hard-pan" layer at shallow depth for much of the ditch. This layer could hinder vertical PCB movement, thereby, requiring only a shallow soil excavation in the ditch.

Solutia will need to submit a revised work plan as required by the AOC. The revised work plan will need to include a significant soil removal component to address EPA concerns regarding future releases exceeding the AOC criteria. EPA would be glad to meet with Solutia in the near future to discuss the 11th Street ditch project. I can be reached at 404/562-8743.

Sincerely,

Steve Spurlin
On-Scene Coordinator

cc: ADEM

04/24/2002 10:58 FAX 256 231 8451 SOLUTIA 98% P.08
AUG-15-2002 14:11 256 231 8451

SOLUTIA
Applied Chemistry. Creative Solutions

Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201 5328
Tel 256-231-8400

March 13, 2002

SENT FEDERAL EXPRESS

Mr. Steve Spurlin
On-Scene Coordinator
Emergency Response & Removal Branch
United States Environmental Protection Agency
Region 4
100 Alabama Street, S.W.
Atlanta, Georgia 30303-8699

Re: Response to Comments and Proposed Plan of Action
11th Street Ditch Removal Action Response Work Plan
Anniston PCB Site, Anniston, Alabama

Dear Mr. Spurlin:

This letter is written to respond to comments received from the United States Environmental Protection Agency (USEPA) on February 4, 2002 regarding our previously submitted *11th Street Ditch Removal Response Action Work Plan* (Work Plan). Based on a detailed review of the comments provided and a subsequent joint site visit conducted on Tuesday, February 26, 2002, Solutia Inc. (Solutia) proposes to conduct the following response actions to address the requirements of the Administrative Order on Consent (AOC) executed by Solutia and the USEPA on October 5, 2001:

- Clear existing vegetation from ditch channel as necessary to implement proposed response actions;
- Excavate 6-inch to 1-foot envelope of sediments from the base and sidewalls of ditch segments where polychlorinated biphenyl (PCB) concentrations exceed 10 milligrams per kilogram (mg/kg). Actual excavation depths will depend on bedrock location and shaping requirements for subsequent liner installation. Sediment removed will be analyzed for waste characterization purposes and disposed off site in an approved landfill facility;
- Collect post-removal composite samples along full extent of ditch to document remaining sediment PCB concentrations. Composite samples will be collected as three-point composites (base at centerline and each sidewall of ditch) every 1,000 feet;
- Place clean fill in excavated areas to return to original grade, and shape all ditch segments to prepare for liner installation as appropriate;
- Place 40-mil high density polyethylene (HDPE) liner on exposed subgrade and install shotcrete or concrete-mat liner on base and sidewalls of all ditch segments where excavation was performed and remaining ditch segments where average PCB concentrations exceed 1 mg/kg. Liner will also be installed in select segments where

average PCB concentrations are less than 1 mg/kg as necessary to ensure continuity of overall remedy;

- Install sediment traps along length of lined ditch to evaluate potential accumulation of PCB-containing sediments and allow for removal as appropriate, in accordance with previously submitted *Post-Removal Response Action Site Maintenance and Monitoring* plan (Section 7.0 of Work Plan); and
- Address ditch segment d3 and other floodplain areas adjacent to the defined ditch channel in conjunction with floodplain investigation and corrective action programs, as appropriate.

Individual segments comprising the 11th Street Ditch, total PCB concentrations measured in each segment, and specific removal actions proposed for each segment are shown on Plate 1. Table 1 contains a brief description of the location of each segment, the average PCB concentration measured in the segment, the length of the segment and the removal action proposed for the segment. Please note that the referenced plate and table include the new section of ditch identified during our site visit on February 26, 2002. This section, located east of segment b, was not included in the AOC and has been designated "segment f." This segment was sampled following the site visit, and analytical results are summarized in the enclosures. A report detailing the sampling and analysis procedures and results will be submitted under separate cover.

The response actions proposed herein will prevent the potential for direct contact with soils and sediments with PCB concentrations of 10 mg/kg or higher and prevent the release of soils and sediments with PCB concentrations exceeding 1 mg/kg, as required by the AOC. We look forward to receiving approval of our previously submitted Work Plan, as modified by this correspondence. Within 14 days of receipt of such approval, in accordance with provisions of the AOC, Solutia will submit a schedule to the USEPA detailing activities required to complete the proposed response actions and the time required to complete each activity.

Please contact me if you have any questions or need additional information.

Sincerely,

Craig Branchfield
Manager, Remedial Projects

cc: Mr. Russ McLean (USEPA)
Mr. Wm. Gerald Hardy (ADEM)

enclosures

SOLUTIA
Applied Chemistry, Creative Solutions

Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328
Tel 256-231-8400

March 25, 2002

SENT FEDERAL EXPRESS

Mr. Steve Spurlin
On-Scene Coordinator
Emergency Response & Removal Branch
United States Environmental Protection Agency
Region 4
100 Alabama Street, S.W.
Atlanta, Georgia 30303-8699

Re: 11th Street Ditch Removal Action Response Work Plan (RARWP)
Anniston PCB Site, Anniston, Alabama

Dear Mr. Spurlin:

On March 13, 2002, Solutia Inc. (Solutia) submitted a written response to comments and proposed plan of action to implement an appropriate remedy for the Anniston Site 11th Street Ditch. Subsequent to that response, the United States Environmental Protection Agency (USEPA) indicated it will require assurances that Solutia will obtain appropriate agreements with the Norfolk Southern Corporation to allow long-term maintenance of proposed engineering controls and establish necessary institutional controls to protect the integrity of the remedy in the rail right-of-way, e.g. notification procedures for third party work. In addition, maintenance and monitoring of the proposed remedy will need to include periodic, i.e. quarterly, inspection, analysis and possible removal of any sediments accumulated in the proposed sediment traps until determined by USEPA to no longer be necessary. Please be advised that Solutia intends to address these items by preparing a revised Maintenance and Monitoring Plan following the completion of the final engineering design and subsequent approval by the Norfolk Southern Corporation. Negotiation of required agreements with the Norlfolk Southern Corporation and preparation of a revised Maintenance and Monitoring Plan will be included in the schedule to be submitted to the USEPA following its approval of the RARWP.

Based on these considerations, Solutia hereby requests that the USEPA formally approve the 11th Street Ditch RARWP submitted on July 9, 2001, as modified by our *Response to Comments and Proposed Plan of Action* submitted by letter on March 13, 2002, and responses included in this correspondence. I have included six (6) additional copies of the Plate titled *11th Street Ditch Total PCB Concentrations and Proposed Remedial Actions* previously submitted with the noted March 13, 2002 correspondence for your use and convenience. We look forward to receiving USEPA approval and will submit a schedule detailing activities required to complete the

proposed response actions and the time required to complete each activity within 14 days of receipt.

Please contact me if you have any questions or need additional information.

Sincerely,

Craig Branchfield
Manager, Remedial Projects
Solutia Inc.

cc: Mr. Russ McLean (USEPA)
Mr. Wm. Gerald Hardy (ADEM)

enclosures

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

April 4, 2002

4WD-ERRB

Mr. Craig Branchfield
Manager, Remedial Projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328

Re: 11th Street Ditch Removal Action Response Work Plan (RARWP), Anniston PCB Site, Anniston, Alabama

Dear Mr. Branchfield:

This letter is to document the U. S. Environmental Protection Agency (EPA) approval of the 11th Street Ditch RARWP submitted on July 9, 2001, as modified by your *Response to Comments and Proposed Plan of Action* submitted by letter on March 13, 2002, and responses included in your March 25, 2002 letter. The proposed actions, once implemented, are intended to meet the requirements of the Administrative Order on Consent (AOC) between EPA and Solutia. As part of the future EPA Superfund Remedial process, EPA will be evaluating the 11th Street ditch to determine if additional remedial actions are necessary to address any potential long-term threats to human health or the environment

EPA anticipates that Solutia will submit an aggressive schedule for the work. If you wish to discuss any issues, please contact me at 404/562-8743.

Sincerely,

Steve Spurlin

APPENDIX C

DESIGN ADDENDUM

11TH STREET DITCH REMOVAL RESPONSE ACTION

ADDENDUM TO DESIGN DOCUMENTS

May 2004

This document memorializes modifications that have been made to the design for the 11th Street Ditch remedy at the Anniston PCB Site located in Anniston, Calhoun County, Alabama. The site comprises approximately 9,560 linear feet of drainage ditch on either side of a Norfolk Southern rail line in Anniston. The project generally involves select excavation and liner installation in approximately 8,260 linear feet of the ditch. Design documents for the project were completed in 2003 and are referenced at the end of this addendum. Design changes that have been made following the issuance of the design documents are presented below along with the basis for the change. Changes noted in this document are to be incorporated into all design and companion documents and take precedence over prior plans and specifications.

1. Replacement of Geomembrane with Geocomposite

The original liner design included a nonwoven geotextile, a 40-mil linear low density polyethylene (LLDPE) liner (or geomembrane) and a layer of shotcrete on the side slopes and bottom of the ditch at specified locations. This change calls for replacement of the nonwoven geotextile and geomembrane at these locations with a geocomposite. The geocomposite shall consist of 6-oz. nonwoven geotextile heat bonded to both sides of a geonet (GSE FabriNet HF or equivalent). The geonet provides a path for water to flow, and the geotextile serves as a filter to prevent the geonet from clogging.

Basis for Change:

- Geocomposite will provide improved barrier to prevent soil migration.
- Geocomposite will provide improved drainage behind the shotcrete which will decrease potential cracking from shrink/swell and/or buoyant forces. .
- Geocomposite will provide more suitable subgrade for and improved bonding to shotcrete.

2. Change in Expansion Joint Materials

The original design specified 1-inch thick blackboard sealed with polyurethane for the expansion joints to be placed every 60 feet in the shotcrete liner. This change calls for the replacement of the standard blackboard material with a rubber expansion joint material (REFLEX® or equivalent) and eliminates the requirement for a sealant.

Basis for Change:

- Rubber expansion joint material without a sealant will improve drainage of water conveyed by the geocomposite behind the shotcrete liner.

3. APCO Ditch

The APCO ditch (Ditch Segment A1) is currently specified to be lined with full-depth flowable fill over the existing rip rap. This change calls for replacement of the flowable fill material with non-reinforced shotcrete.

Basis for Change:

- Flowable fill is more fluid than shotcrete and is expected to slump to bottom of ditch based on existing side slope dimensions.
- No wire mesh will be installed in order to avoid potential for induced voltage or leakage to ground from proximate high voltage power lines.

4. Compaction

The current Technical Specifications indicate that backfill material shall be compacted to 100% of the Standard Proctor Density. This change reduces the required compaction to 95% of Standard Proctor Density.

Basis for Change:

- Use of geotextile and/or geocomposite will provide sufficient structural support to allow reduction in required compaction levels.
- 95% compaction is more practical to achieve in the field and is considered adequate to support the ditch liner.

5. Ditch Segment D1

The remedy for Ditch Segment D1 specifies installation of 12 inches of ½ - to ¾ - inch limestone. This remedy was installed during 2003 in conjunction with crossing signal work performed by Norfolk Southern Corporation and is no longer required.

Basis for Change:

- Remedy already completed.

References:

1. 11th Street Ditch Remedial Design Drawings, May 2003, Roux Associates, Inc.
2. Technical Specifications, 11th Street Ditch Response Action, May 14, 2003, Roux Associates, Inc.
3. Construction Best Management Practices Plan, 11th Street Ditch Response Action, July 2003, Roux Associates, Inc.
4. Dust Control Plan, 11th Street Ditch Response Action, July 2003, Roux Associates, Inc.
5. Draft Construction Quality Assurance Plan, 11th Street Ditch Response Action, August 2003, Roux Associates, Inc.
6. Removal Response Action Work Plan, 11th Street Ditch Anniston PCB Site, July 9, 2001, Roux Associates, Inc.
7. USEPA Comments on 11th Street Ditch Removal Action Response Work Plan, February 4, 2002.
8. Solutia Inc.'s Response to USEPA Comments and Proposed Plan of Action, March 13, 2002.
9. Addendum to Solutia Inc.'s Response to USEPA Comments, March 25, 2002.
10. USEPA Approval of 11th Street Ditch Removal Action Response Work Plan, as modified by Solutia Inc. comments, April 4, 2002.

SOLUTIA

Solutions for a better life.

Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328
Tel 256-231-8400

September 24, 2004

Ms. Pamela J. Langston Scully, P.E.
Remedial Project Manager
United States Environmental Protection Agency
Region 4
Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303-8960

Re: Anniston PCB Site
11th Street Ditch Technical Memorandum

Dear Ms. Langston Scully:

Enclosed please find a technical memorandum clarifying details of the 11th Street Ditch liner design, specifically with respect to drainage of surface water and water seepage from the railroad ballast.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Craig R. Branchfield
Manager, Remedial Projects

cc: Mr. Phillip Davis (ADEM)
Mr. G. Douglas Jones, Esq.
Mr. Thomas Dahl

Enclosure

MEMORANDUM

TO: Craig Branchfield
John Loper
CC: Donn Williams
Bill Silverstein
FROM: Meredith Harris
DATE: September 15, 2004
SUBJECT: 11th Street Ditch – Liner Description

This memo has been prepared to clarify the details of the 11th Street Ditch liner design. Sketches of a typical ditch cross section and a typical profile are attached. As outlined in Solutia's March 13, 2002 correspondence, and as approved by USEPA in their March 25, 2002 correspondence, the primary objectives of the 11th Street Ditch remedy are as follow:

- Prevent the potential for direct contact with soils and sediments with PCB concentrations of 10 mg/kg or higher; and

- Prevent the release of soils and sediments with PCB concentrations exceeding 1 mg/kg.

To achieve these objectives, the original, approved liner design consisted of a nonwoven geotextile, a polyethylene liner and 6 inches of concrete reinforced with wire mesh. Standard blackboard (with sealant) expansion joints were specified for installation on 60-foot centers. Due to a high ground-water table in some locations and potential to "float" the ditch or excessive cracking due to uneven uplift forces, the liner design was re-evaluated.

As outlined in the *11th Street Ditch Removal Response Action Addendum to Design Documents* dated May 2004 and submitted to USEPA with the Design Documents, the following features were modified in the liner design:

- The nonwoven geotextile and the polyethylene liner were replaced with a geocomposite consisting of 6-oz nonwoven geotextile heat bonded to both sides of a geonet (GSE FabriNet HF or equivalent); and

- The blackboard expansion joints sealed with polyurethane were replaced with a permeable rubber expansion joint with no sealant (REFLEX® or equivalent).

The geocomposite has the capacity to convey a large volume of water under the shotcrete, therefore, minimizing buoyant forces that may "float" the concrete or cause excessive cracking due to uneven uplift pressures. The permeable rubber expansion joints provide a relief point for water being conveyed within the geocomposite. The geocomposite meets the objectives of the liner design and is an improvement as it better protects the integrity of the concrete liner.

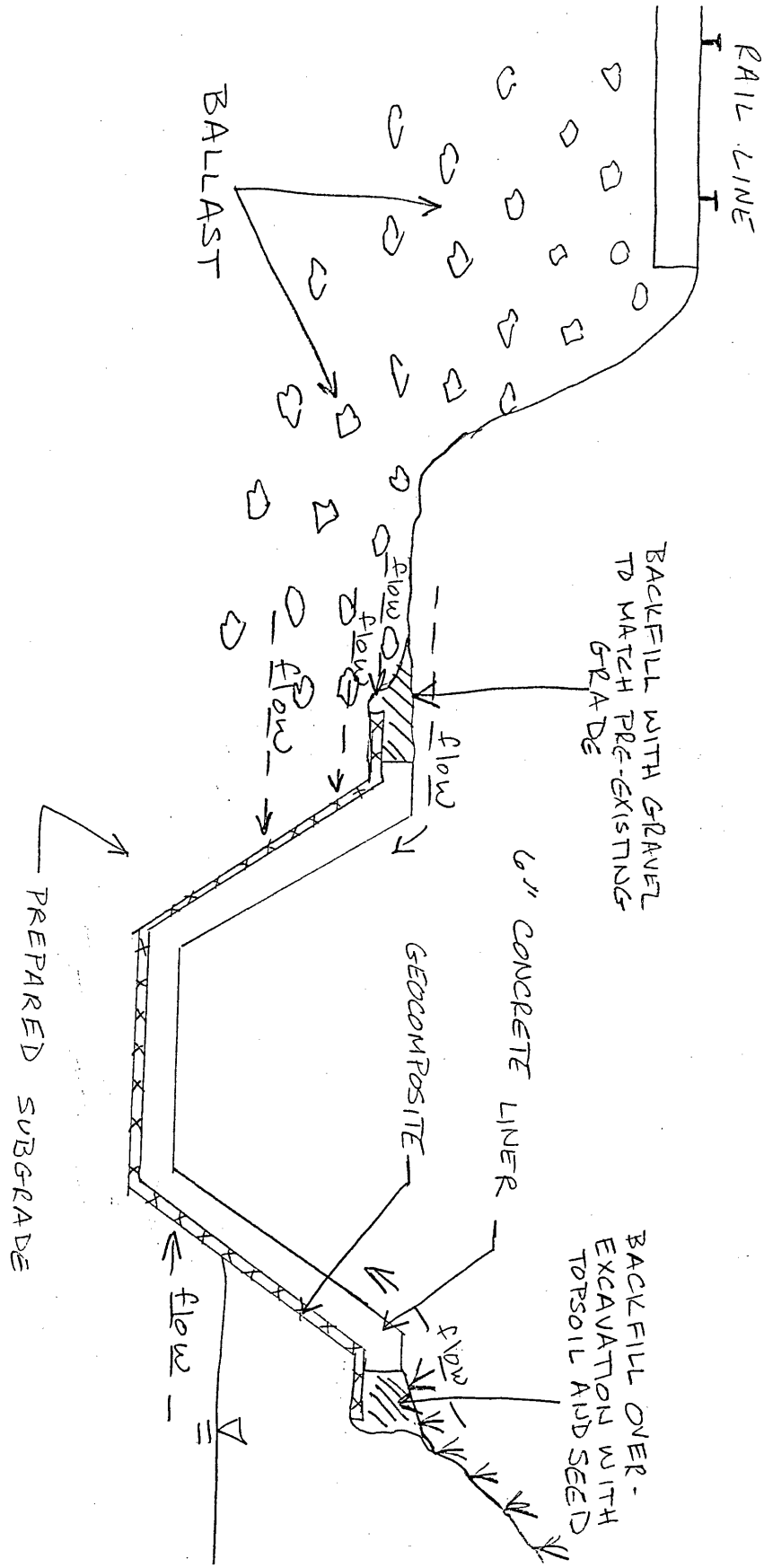
Due to the stiffness of the geocomposite and the need for excessive overexcavation for trenching, the geocomposite is being pinned to the subgrade utilizing 18-inch long #4 rebar (with an approximate 1-foot flap of geocomposite exposed). The rebar and the weight of the concrete are considered more than adequate to hold the geocomposite in place. Some overexcavation is still required to allow room for the concrete forms. Upon completion, this overexcavation area will be backfilled with gravel over the 1-foot geocomposite flap to match the pre-existing grade within the gravel area of the railroad right-of-way. Other areas are being backfilled with topsoil and seeded.

Drainage within and adjacent to the ditch will occur in a similar manner as prior to the liner installation. The ditch will convey flow from: 1) upstream ditch reaches; 2) via overland flow coming into the ditch; and 3) via subsurface flow through the ballast and ground water. Water entering the geocomposite via subsurface flow through the ballast and/or ground water will enter the surface flow of the ditch via the permeable rubber expansion joints with sufficient head. It should be noted that the ballast within the railroad right-of-way is very permeable and surface water runoff infiltrates quickly into the ballast, therefore, entering the ditch as subsurface flow. This condition existed previous to the liner installation and will continue to exist.

ROUX

CALCULATION FORM

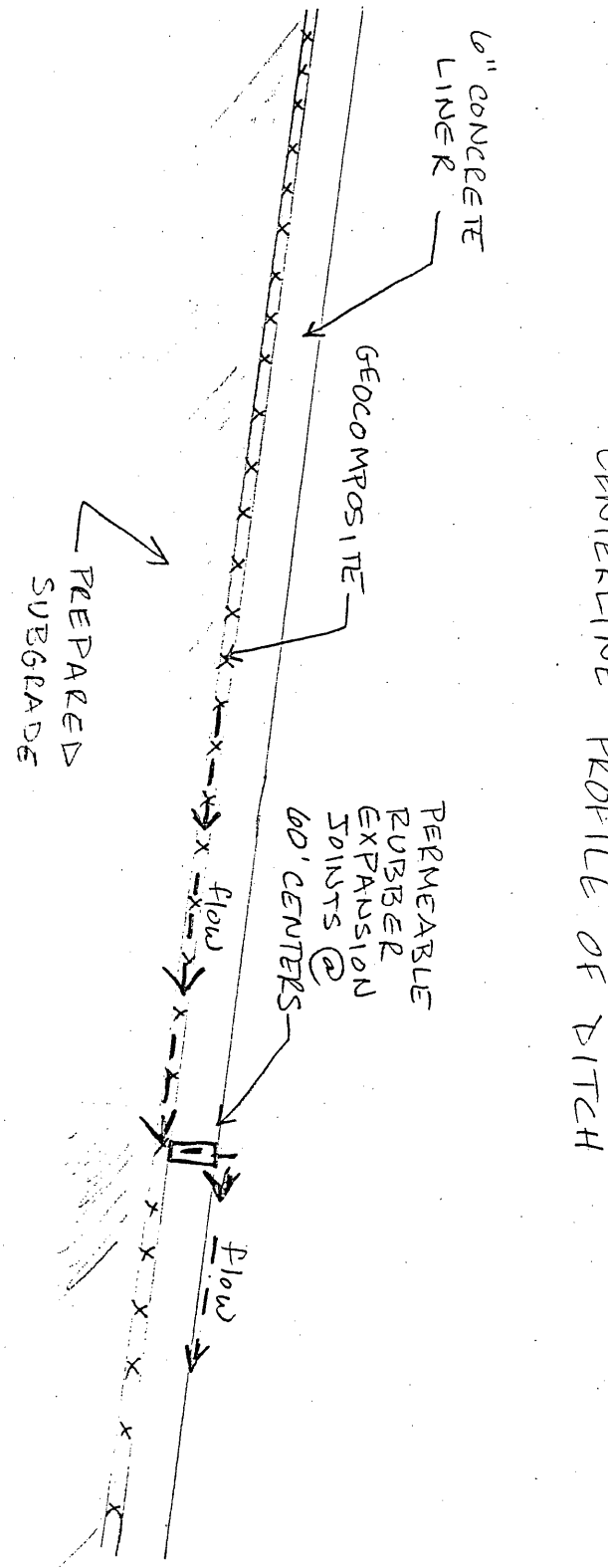
CLIENT/PROJECT 11th Street Ditch PAGE 1 OF 1
BY M. Harris DATE 9-15-04 PROJECT NO.
CHECKED BY DATE
DESCRIPTION Typical Ditch Cross Section - Not to Scale



ROUX

CALCULATION FORM

CLIENT/PROJECT 11th Street Ditch PAGE 1 OF 1
BY M. Harris DATE 9-15-04 PROJECT NO. _____
CHECKED BY _____ DATE _____
DESCRIPTION Typical Ditch Profile - Not to Scale



CENTERLINE PROFILE OF DITCH

Flow moves through geocomposite and is relieved through permeable rubber joints. Flow continues as surface flow in the ditch.

APPENDIX D

PHOTOGRAPHS

Photo 1: Ditch segment B prior to remedial action. Photo looks west.

Photo 2: Ditch segment E prior to remedial action. Photo looks west.

Photo 3: Ditch segment C prior to remedial action. Photo looks east.

Photo 4: APCO ditch and ditch segment C prior to remedial action. Photo looks south.

Photo 5: Ditch segment D2 prior to remedial action. Photo looks southwest.

Photo 6: Ditch segment C1 and headwall with two 24-inch pipes prior to remedial action. Photo looks southeast.

Photo 7: Ditch segment F prior to remedial action. Photo looks east.

Photo 8: Ditch segment G prior to remedial action. Photo looks east.

Photo 9: Snow Creek prior to remedial action. Photo looks southeast.

Photo 10: Shotcrete application in the APCO ditch. Photo looks south.

Photo 11: Ditch segment C prior to installation of geocomposite. Signal relocation area shown on right. Photo looks west.

Photo 12: Geocomposite and wire mesh installation in ditch segment C. Photo looks east.

Photo 13: Geocomposite installation in ditch segment D2. Photo looks east.

Photo 14: Excavation within ditch segment F. Photo looks southwest.

Photo 15: Installed geocomposite and wire mesh within ditch segment F/G. Photo looks west.

Photo 16: Concrete installation in ditch segment F. Photo looks southwest.

Photo 17: Concrete installation in ditch segment F/G. Photo looks east.

Photo 18: Backfill and grading in ditch segment G. Photo looks southeast.

Photo 19: Installation of rip rap in Snow Creek. Photo looks southeast.

Photo 20: Shotcrete liner over rip rap in APCO ditch. Photo looks south.

Photo 21: Concrete liner in ditch segment B with rip rap at upstream edge. Photo looks east.

Photo 22: Concrete liner in ditch segment B (left) and ditch segment C (right). Photo looks east.

Photo 23: Rip rap installed in swale north of ditch segment B4. Photo looks north.

Photo 24: Gravel cover in ditch segment D1. Photo looks east.

Photo 25: Concrete liner in ditch segment C and regraded right-of-way. Photo looks west.

Photo 26: Concrete liner in ditch segment B (right) and ditch segment C (left). Regraded right-of-way in center of photo. Photo looks west.

Photo 27: Concrete and rip rap liner in ditch segment D2. Photo looks west.

Photo 28: Concrete liner in ditch segment D2. Photo looks east.

Photo 29: Concrete liner in ditch segment D4. Photo looks east.

Photo 30: Typical warning sign (located at Clydesdale Avenue). Photo looks east.

Photo 31: Gravel cover in ditch segment E1. Photo looks east.

Photo 32: Concrete liner in ditch segment F. Photo looks west.

Photo 33: Concrete liner in ditch segment G. Photo looks east.

Photo 34: Concrete liner in ditch segment G. Photo looks west.

Photo 35: Concrete liner in ditch segment G with typical warning sign at McDaniel Avenue. Photo looks east.

Photo 36: Concrete liner in ditch segment G. Photo looks east.

Photo 37: Concrete liner in ditch segment G in background and rip rap cover in Snow Creek in foreground. Photo looks west.

APPENDIX E

ACCESS AGREEMENT

ENVIRONMENTAL RIGHT OF ENTRY AND REMOVAL RESPONSE ACTION AGREEMENT

This Right of Entry and Removal Response Action Agreement ("Agreement") is made and entered into under Seal on this 11th day of December, 2003, by and between NORFOLK SOUTHERN RAILWAY COMPANY ("NSRC"), a Virginia corporation, and SOLUTIA INC. ("Solutia"), a Delaware corporation, and PHARMACIA CORPORATION (formerly known as Monsanto Company, "Pharmacia"), a Delaware Corporation.

WHEREAS, NSRC owns operating main line right of way located along the northern border of the Solutia (formerly Monsanto) facility in Anniston, Alabama, as more specifically identified on the attached Exhibit A (the "Property"); and

WHEREAS, the ditches running adjacent to the track and spur track on the Property over the years have received runoff from the Solutia (formerly Monsanto) facility; and

WHEREAS, environmental investigations conducted by Solutia under the direction of the U.S. Environmental Protection Agency ("EPA") have detected PCBs at varying levels on or beneath portions of the Property, and more specifically a designated portion of the ditch of approximately 9,560 linear feet (total) and extending on either side of the Property from 2,100 linear feet west of NSRC Mile Post 736.6 to 2,500 linear feet east of same, with the ditch generally flowing from west to east and terminating at Snow Creek, as indicated on the attached drawing marked as Exhibit A; and

WHEREAS Solutia, pursuant to an Administrative Order on Consent, effective date October 5, 2001, has submitted to the EPA a Removal Response Action Work Plan ("Work Plan") for the 11th Street Ditch, including the aforementioned portions of the Property impacted by PCBs, dated July 9, 2001, and approved by the EPA on April 4, 2002, and Technical Specifications dated May 14, 2003, for EPA's review describing Removal Response Actions to address the impact of PCBs, which Work Plan and Technical Specifications are incorporated herein by reference as Exhibits B and C, respectively; and

WHEREAS Solutia/Pharmacia, without admitting any liability, has agreed to delineate the extent of, and to remediate, certain PCB contamination in accordance with the requirements of the Administrative Order on Consent, effective date October 5, 2001, and the Partial Consent Decree entered August 4, 2003 (United States v. Pharmacia Corp., N. D. Ala., No. CV02PT749 E), NSRC agrees to grant Solutia/Pharmacia access to the Property for purpose of conducting the Removal Response Actions described in the aforementioned Work Plan and Technical Specifications and the following Scope of Work (Exhibit D), in accordance with NSRC's concurrence as to the measures to be implemented.

NOW, THEREFORE, in consideration of the mutual promises and obligations set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, NSRC and Solutia/Pharmacia

do hereby agree to the Environmental Right of Entry and Removal Response Action Agreement upon the following terms and conditions:

1. Access. NSRC specifically authorizes Solutia/Pharmacia and its authorized agents, representatives, and contractors to enter upon the Property to conduct all activities associated with the Removal Response Actions (hereinafter called the "Work") as described in the EPA-approved Work Plan and Technical Specifications (collectively referred to as the "Work Plans"), including, among other things, excavation of contaminated soils, and installation of various types of covers, including geotextile with granite ballast cover as well as polyethylene, shotcrete and full-depth grout over existing rip rap and implementation of a long-term operation and maintenance program necessary to comply with Solutia's obligations under the Work Plans to address PCBs, and as more fully described in Exhibit D (Scope of Work: Summary and Sequence of Work on Railroad Property"), subject to the conditions of this Agreement.

2. Solutia's Obligations.

a. All Work done hereunder shall be done at Solutia's/Pharmacia's sole expense. It is understood that flagging will be required for all Work conducted under this Agreement Excavation work shall not be allowed any closer than eight (8) feet of the centerline of any track (commonly the toe of the ballast) without the prior written consent of NSRC's Chief Engineer Design and Construction Bill Duncan. The subballast extends fourteen (14) feet from the centerline of the track. No concreting Work can be done higher than 2.5 feet below the top of the rail. No drainage condition shall be created or allowed to exist that may be adverse to NSRC. The Work shall not interfere with the safe and proper support of NSRC's roadbed and track; this shall be a key priority of Solutia/Pharmacia. All Work done hereunder shall occur only during daylight hours at Anniston, Alabama unless otherwise agreed in writing by NSRC.

b. All Work done hereunder shall be performed by Solutia/Pharmacia with such care, diligence and cooperation of Solutia/Pharmacia and NSRC personnel as will avoid accident, damage or harm to persons or property and delays to or interference with operations of NSRC. If the Work is to be performed within 50 feet of railroad facilities, said Work shall be performed in accordance with (a) the latest American Railway Engineering and Maintenance Association Guidelines, by reference hereby made a part hereof; and (b) to the entire satisfaction of NSRC's Division Engineer or his duly authorized representative. The Work must be done in conformity with the Norfolk Southern Operating Guidelines for Contractors, effective November 1, 1998.

c. Solutia/Pharmacia agrees to reimburse NSRC within 60 days of receipt, upon bill rendered, for all actual, direct expenses (including NSRC's normal additives) incurred by NSRC, resulting from or in connection with any such special engineering studies (if any), field supervision from an engineering and environmental perspective, flagging protection or other services as NSRC may find necessary to perform in connection with the Work, including, but not limited to, overtime charges and travel and meal expenses. The services incurred by NSRC are expected to include a full time flagman and a full time outside consultant who will provide at the behest of NSRC engineering/environmental oversight of the Work being done on behalf of

Solutia/Pharmacia. After the start up of the Work by Solutia/Pharmacia, NSRC at its sole discretion may allow some Work to be conducted without the use of a flagman on a case by case basis and on a given day basis if the Work is done outside twenty-five feet of the center line of track but only with the written permission of NSRC's Division Engineer Brad Kerchof.

d. NSRC's Chief Engineer Design and Construction Bill Duncan at (404) 658-2250 shall be given notice not less than seventy-two (72) hours before Solutia/Pharmacia proposes to first enter upon NSRC's property to commence the excavation and construction phase of the Work hereunder. Solutia/Pharmacia will inform NSRC at least thirty (30) days prior to the commencement of construction activities, and will provide NSRC an estimate of project duration at that time. Solutia/Pharmacia understands that NSRC will require flagging for all Work done on the Property for the excavation and construction phase of the Work unless otherwise agreed to by NSRC in accordance with Article 2(c) above. Once the initial excavation and construction Work is completed, Solutia/Pharmacia must give NSRC's Division Engineer Brad Kerchof at (205) 951-4723 or his duly authorized representative not less than seventy-two (72) hours' notice in advance of each occasion Solutia/Pharmacia proposes to enter the Property to carry out its long-term operation and monitoring program. The Division Engineer will then decide in each case whether flagging will be necessary. Solutia/Pharmacia understands that additional time may be required if NSRC is to provide, at the desired time, any flagging which NSRC may deem as necessary under Article 2 (c) and (d). Solely for the purposes of this Agreement, said flagman will be acting for the exclusive benefit of Solutia/Pharmacia, and, as between the Parties, said flagman shall be the agent of Solutia/Pharmacia.

e. Solutia/Pharmacia or its contractor(s) shall secure, at its or their own expense, any permits or licenses required by federal, state, or local laws or ordinances and shall comply with all applicable laws, including, but not limited to, any laws, regulations, standards and permit requirements relating to environmental pollution or contamination or to occupational health and safety or railroad safety standards, including without limitation, those related to the Work hereunder. Solutia/Pharmacia shall indemnify and hold harmless NSRC from and against any and all claims arising out of or connected with the violation, by Solutia/Pharmacia, of any law, standard, regulation, or permit requirement during the course of the Work. The indemnity obligations imposed on Solutia/Pharmacia by this subparagraph shall be absolute and shall not be affected by the contributory negligence of NSRC or its officers, directors, agents or employees.

f. If any mechanics' or materialmen's liens, or similar lien, is asserted against the Property, or any other property of NSRC, as a result of the exercise of any license herein granted, Solutia/Pharmacia shall immediately satisfy, defend, or obtain the release of such lien, all at the expense of Solutia/Pharmacia, and Solutia/Pharmacia shall indemnify and hold harmless NSRC from and against any claims arising out of or connected with such lien.

g. Solutia/Pharmacia will conduct the Work in a manner to minimize interference with NSRC's operations. In addition, in event the Work interferes with or impairs any signal or communication systems already in place on the Property, Solutia/Pharmacia agrees to bear at its sole expense any costs incurred by the NSRC to remove and/or replace any signal or communication equipment in place.

h. As the Work progresses but in no event later than upon completio Solutia/Pharmacia will promptly restore the Property (including any property dan Solutia/Pharmacia) to the condition existing prior to the Work and shall leave it fi and holes in the ground resulting from the Work and in such condition as is reaso satisfactory to NSRC.

i. All soil, water, debris, spent supplies and other waste materials resulting from the Work are Solutia/Pharmacia's responsibility, and Solutia/Pharmacia will ensure that such materials and other residuals are handled, transported and disposed of in accordance with applicable law, regulations and procedures. No waste materials are to be stored on NSRC Property, unless properly containerized and removed from and staged off the Property at the end of each day. Solutia/Pharmacia agrees to operate and decontaminate its equipment so no contamination occurs on those areas of the Property not now contaminated.

j. The Work shall be performed in accordance with the standards practiced by reputable professionals in the environmental consulting, engineering and remediation disciplines and professions.

k. Solutia/Pharmacia will contact the relevant utility communication system(s) and locate any utilities on the Property prior to any invasive work on the Property.

l. Solutia/Pharmacia will provide NSRC with a copy of any correspondence or report submitted to any regulatory agency, including the EPA and the Alabama Department of Environmental Management, regarding the Work it conducts under the Work Plans and the Scope of Work on the Property.

3. Crossing of Track.

Solutia/Pharmacia has advised NSRC that it needs to traverse one crossing ("Crossing") of NSRC in the vicinity of Mile Post 736.61 that is not a public crossing. This Crossing is circled on Exhibit "A." With the exception of public grade crossings and notwithstanding any provision to the contrary, Solutia/Pharmacia agrees to the following terms and conditions to cross the foregoing tracks of NSRC with any vehicle or equipment. The type and weight of the equipment must be approved in advance by NSRC.

a. Solutia/Pharmacia must meet with NSRC's track supervisor at the site of the Crossing to determine what improvements must be done to the Crossing to ensure that Solutia's/Pharmacia's vehicles/equipment can move over the Crossing safely without damaging the track substructure or substructure or related drainage facilities and without creating any drainage conditions which would be adverse to NSRC's property. NSRC agrees to make the necessary improvements, including leveling the Crossing if determined needed, and to provide Solutia/Pharmacia a written estimate of performing such work. Solutia/Pharmacia agrees to reimburse NSRC on a time and material basis for the cost of performing this work upon 60 days

of receipt of a bill from NSRC therefor. NSRC shall endeavor to complete all necessary improvements, if needed, by September 30, 2003.

b. Solutia/Pharmacia shall meet with an authorized representative of NSRC's Superintendent office prior to commencement of the Crossing activity to receive instructions concerning NSRC's requirements for the safety and protection of the parties. Solutia/Pharmacia recognizes the Crossing currently cross over the switching lead to Solutia's facility and one train a day traverses over said lead into and out of Solutia's facility.

c. All Crossing activity, as the Work done elsewhere under this Agreement, will require a full time flagman (with possible overtime). Both NSRC's Division Superintendent of the Alabama Division Mel Crawley and NSRC's Division Engineer Brad Kerchof shall be given 72-hours notice prior to the first Crossing activity over the Crossing by calling (205) 951-4734 and (205) 951-4714, respectively. The advanced notification is required so NSRC can verify that the necessary arrangements have been made for flagman service.

d. All reasonable care shall be exercised and such precautions taken as the Superintendent of NSRC, or his authorized representative, may deem necessary to protect NSRC's facilities and operations. NSRC requires the use of a flagman for protection purposes during the Crossing activity hereunder, and Solutia/Pharmacia shall reimburse NSRC for its actual flagging costs (including the flagman's daily rate, the flagman's personal transportation mileage if he is using his or he own vehicle, the daily rate for NSRC truck use when a Company truck is used, the flagman's meal expenses plus other additives required by the applicable labor agreement.

e. Whenever the Crossing is in use by Solutia/Pharmacia, it shall be protected by a flagman to be furnished by NSRC for the benefit of Solutia/Pharmacia, and Solutia/Pharmacia agrees that the Crossing will not be used unless so protected. Solely for the purposes of this Agreement, said flagman will be acting for the exclusive benefit of Solutia/Pharmacia and not of NSRC, and as between the parties, such flagman will be the agent of Solutia/Pharmacia. In each instance when a vehicle or loaded truck approaches the Crossing, it shall come to a complete stop before coming to the tracks of NSRC (whether the same appears to be clear or not) and shall not proceed over said tracks of NSRC until the driver has ascertained that no train or other rail equipment of NSRC is approaching the Crossing and will further not cross said Crossing until authorized to do so in each instance by NSRC's flagman.

f. Solutia/Pharmacia agrees that NSRC's track shall not be blocked in any manner by Solutia/Pharmacia or by those using the Crossing under Solutia's/Pharmacia's direction, nor shall the use of said Crossing in any manner interfere with the free and uninterrupted use by NSRC of its right of way or railroad tracks.

g. Unless an emergency exists, NSRC agrees to endeavor not to block the Crossing with parked trains or otherwise (other than as it may be blocked by moving trains) during daylight hours.

h. Solutia/Pharmacia accepts the privilege hereby granted with full cognizance of the risk of loss of life, personal injury and property loss or damage that may be caused by railway operations at or in the vicinity of the Crossing and by the use of the Crossing by Solutia/Pharmacia. To that end, and notwithstanding anything to the contrary elsewhere in this Agreement, Solutia/Pharmacia hereby agrees to indemnify and save NSRC, its officers, agents and employees, for and against all liability, claims, expenses (including attorney fees) or costs for personal injuries (including death) and/or property damage to whosoever or whatsoever, occurring or arising in any manner from railway operations at or in the vicinity of the Crossing and by the use of the Crossing by Solutia/Pharmacia, its contractors and agents. The indemnity provisions imposed upon Solutia/Pharmacia shall be absolute and shall not be affected by the negligence, either primary or contributory, of NSRC, its officers, agents or employees. Solutia/Pharmacia is willing to assume this risk and covenants that the privilege hereby granted shall be used and enjoyed at the sole risk of Solutia/Pharmacia, and that NSRC shall not have any responsibility whatsoever for such loss, injury or damage.

Because of the forgoing risks, Solutia/Pharmacia shall secure and maintain during the life of this Agreement a policy of general liability insurance, containing contractual liability coverage, with a combined single limit of not less that $2,0000,000 per each occurrence for injury to or death to persons and damage to or loss or destruction of property. Such policy shall not provide for any exclusions from coverage by reason of the covered activities occurring within 50 feet of the Property. Said Certificate (which can be combined with those under Paragraph 4) shall be furnished to and accepted by NSRC's Risk Manager before any Crossing activity takes place. It is further agreed that the securement of any insurance in the coverages and amounts required above is not intended to and shall not reduce, limit, affect or modify the primary obligations and liabilities of Solutia/Pharmacia under this Agreement.

In addition to the foregoing, NSRC retains all its rights and causes of action against Solutia/Pharmacia for any loss, injury (including death) or damage, arising out of, in whole or in part, from railway operations at or in the vicinity of the Crossing and the use of the Crossing by Solutia/Pharmacia.

4. Insurance. No Work of any character shall be started on the Property until:

a. Certificates of Insurance, specifying that the policies are applicable to the particular work, have been furnished to and accepted by NSRC as evidence that Solutia/Pharmacia, its contractor(s) and subcontractor(s) maintain the following insurance coverages:

(i) Workers' Compensation Insurance in satisfaction of statutory requirements of the state where the property covered by this agreement is located. Also, Employers' Liability Insurance having limits of not less than $500,000 each accident, $500,000 per disease - policy limit, and $500,000 per disease - each employee.

(ii) Comprehensive General Liability Insurance having a combined single limit of not less than $2,000,000 per occurrence for all loss, damage, cost and expense, including attorney's fees, arising out of bodily injury, liability and property damage liability during the policy period. Such policy shall be endorsed to name NSRC as an additional insured and shall include a severability of interests provision. In addition, Licensee's policy shall be endorsed to reflect Contractual Liability Insurance specifically relating to the indemnity provisions of this agreement. Any exclusion for construction or demolition activities (including installing wells or bore holes, but not for work done by means of a hand augur) conducted within 50 feet of railroad tracks shall be deleted from Licensee's policy.

(iii) Automobile Liability Insurance having a combined single limit of not less than $500,000 per occurrence. Said policy shall name NSRC as an additional insured and shall include a severability of interests provision.

b. NSRC has advised Solutia/Pharmacia that limits, form, and substance of insurance policies and certificates of insurance are satisfactory to NSRC. Said policies and certificates should be forwarded to Risk Manager, Norfolk Southern Corporation, Three Commercial Place, Norfolk, Virginia, 23510. The furnishing by Solutia/Pharmacia of such insurance and the acceptance of the same by NSRC is not intended to and shall not reduce, limit, affect or modify the primary obligations and liabilities of Solutia/Pharmacia under the other provisions of this agreement.

c. Authorized representatives of Solutia/Pharmacia have met with the Division Engineer or his duly authorized representative, Assistant Chief Engineer D.A. Becker, who can be reached at 404/658-2255, or his duly authorized representative and also NSRC's General Supervisor Communications and Signals Rocky Perkins, who can be reached at 205/ 951-4719, or his duly authorized representative to receive any instructions NSRC may have concerning the Solutia's/Pharmacia's activities on Property. Solutia/Pharmacia agrees to follow, at its expense, all such instructions, and in such manner as is satisfactory to NSRC.

d. All insurance described above shall be maintained until all Work contemplated hereunder has been satisfactorily completed. Insurance Companies may cancel or make significant changes in the insurance by permission of Solutia/Pharmacia and NSRC, or upon giving thirty (30) days written notice to Solutia/Pharmacia and NSRC of their intent to do so.

e. Solutia/Pharmacia represents to NSRC that Solutia/Pharmacia is self-insured for the coverages and the minimum amounts specified in Article 4(a) above, and Solutia/Pharmacia will provide NSRC prior to any entry written evidence satisfactory of such self-insurance. Notwithstanding the foregoing, any of Solutia's/Pharmacia's contractors and subcontractors will still be required to obtain the insurance coverage required by Article 4.

5. Indemnification and Release.

a. In consideration of NSRC granting its permission for the said purpose, Solutia/Pharmacia agrees to indemnify and hold NSRC and any other corporation associated, controlled by or under common control with NSRC and their officers, employees and agents, harmless from and against all costs, losses, claims, damages, or expenses, including attorneys' fees, arising out of any loss of life or personal injury or property loss or damage whatsoever which results from, accrues from, is connected to or is incidental to the undertakings of Solutia/Pharmacia hereunder.

b. Solutia/Pharmacia agrees that it is solely responsible for the conduct of the Work and the performance of obligations of Solutia/Pharmacia under this Agreement; will bear all costs and expenses thereof; and that NSRC does not have any responsibility or liability for the Work or for any losses, costs, expenses, liabilities, or damages arising out of or resulting therefrom. Solutia/Pharmacia further agrees that Solutia/Pharmacia will fully indemnify, defend and hold harmless NSRC, from and against any and all claims, suits, damages, liabilities judgments, fines, attorneys' fees, penalties, losses, costs or expenses arising out of, caused or claimed to arise out of or be caused by: (i) the Work or any other actions or omissions incidental to or associated with the activities authorized under this Agreement; or (ii) the breach of any covenant by Solutia/Pharmacia contained in this Agreement; or (iii) NSRC's successful enforcement of this indemnity.

6. Cleanup Standards. Solutia/Pharmacia agrees to clean up those portions of the Property addressed under the Scope of Work and in accordance with the EPA approved Removal Action Response Work Plan which provides for the following PCB levels: soils in the ditch line with PCBs above ten (10) parts per million (ppm) will be excavated and removed to protect against direct human contact exposure while soils and sediments greater than one (1) ppm will be covered in place to prevent further release to the environment. In the event a more stringent cleanup standard is required in the future, Solutia/Pharmacia agrees to undertake at its sole expense any additional remediation of the Property addressed under the Scope of Work and the EPA's Work Plan if so required by EPA.

7. Representation Regarding PCB Contamination. Solutia/Pharmacia hereby represent to NSRC that neither have any knowledge of any PCB contamination of railroad property other than which has been delineated in the course of their investigation of the Property under the EPA or State's auspices.

8. Land Disturbing Activities of NSRC and Solutia's/Pharmacia's Long-term Operation and Maintenance Obligations.

(a) Solutia/Pharmacia acknowledges that land disturbing activities, including without limitation, roadbed and track maintenance and installation of telecommunications lines and conduits, pipelines and /or other similar devices may be conducted by NSRC on its Property. Solutia/Pharmacia represents and warrants that, by virtue of the Work it has conducted on the

Property, railroad transportation and the other land disturbing activities enumerated above can be performed by or on behalf of NSRC in the future on the Property without the use or necessity of personal protective devices or measures due to the presence of residual PCB contamination on or beneath the Property. In the event personal protective devices or other measures, including the use of HAZWOPER trained workers, are required to carry out railroad maintenance or construction work on the Property where PCB contamination remains, Solutia/Pharmacia agrees that it will reimburse NSRC for all incremental costs associated with providing such additional protective measures.

(b) Solutia/Pharmacia understands that railroad maintenance work will ordinarily be done in areas of soil overlain with serviceable railroad track on top of ballast material, and will not extend deeper than two feet of the bottom of the ballast material. In the event any routine maintenance by NSRC is expected to penetrate any cover or protective device installed by Solutia/Pharmacia, NSRC will give Solutia/Pharmacia three days business notice of any such needed activity. Solutia/Pharmacia also recognizes that land disturbing activities arising out of emergencies, accidents, derailments or other conditions in which NSRC is required to take action to protect the public health and safety and the environment may result in damage to or require the penetration and temporary removal of liners, covers or other remedial devices installed by Solutia/Pharmacia. In such event, NSRC will notify Solutia/Pharmacia orally or as soon as possible (with follow up notice in writing), and Solutia/Pharmacia will be responsible for any work and associated costs to replace any such liners, cover or other devices. NSRC shall not be liable for the disturbance of any liner, cover or similar remedial device installed on the Property as part of the implementation of the Work under the Work Plans, including any work required to repair, maintain or replace any part of the liner, cover or similar device ("Repair Work").

(c) Solutia/Pharmacia shall undertake periodic inspection of the Work it has implemented under this Agreement on the Property. Solutia/Pharmacia shall be solely responsible for any Repair Work, regardless of causation, and shall undertake any such necessary work in a timely fashion and at Solutia's/Pharmacia's sole expense. Solutia/Pharmacia shall indemnify and hold NSRC harmless from and against all costs, losses, claims, damages or expenses which results from the presence of a liner, cover or other similar remedial device placed on the Property pursuant to the Work Plans and Scope of Work, including, but not limited to, any damage to the Property, track bed or track, resulting from improper drainage or water directed onto the Property as a result of Work performed by or at the direction of Solutia/Pharmacia.

(d) Upon completion of the Work on the Property, Solutia/Pharmacia shall install and maintain a sign of appropriate size and content to inform the employees, contractors, representatives and agents of NSRC of the presence of a liner, cover or other similar device. Such sign shall also provide contact and phone number for both Solutia/Pharmacia and NSRC. Solutia/Pharmacia shall inspect the sign on an annual basis and make any repairs (including replacement) in a timely fashion. Solutia/Pharmacia must secure NSRC's approval of each location of the sign on the Property to avoid clearance and other safety problems.

(e) Notwithstanding anything to the contrary in the foregoing provisions of Paragraph 8, it is agreed by the parties that Solutia/Pharmacia will not liable for costs and expenses for any damage to NSRC's tracks caused solely by the negligence of NSRC.

9. Reservation of Rights. Nothing in this Agreement shall be construed as constituting a release or waiver by NSRC against Solutia/Pharmacia under any federal or state law or under common law for any PCB contamination that is or has been present on the railroad right of way that is associated with alleged releases from prior manufacturing operations or waste disposal practices of Solutia and its predecessors.

10. Use of Terms. Where appropriate, the terms when used in the Right of Entry shall be understood to indicate the masculine, feminine or neuter, and the singular or plural, as the case may be. The word "NSRC" shall include NSRC's officers, agents and employees, contractors, subcontractors or suppliers and their employees or invitees, and any parents, subsidiary, or affiliate of NSRC and their officers, agents and employees. The term "Solutia/Pharmacia" shall include Solutia's/Pharmacia's officers, agents and employees, contractors, subcontractors or suppliers and their employees or invitees, and any parents, subsidiary, or affiliate of Solutia/Pharmacia and their officers.

11. Notices. All notices, certificates, or other communications hereunder will be sufficiently given and will be deemed given when delivered by hand, courier or registered or certified mail, postage prepaid, addressed as follows:

If to NSRC:

A. Gayle Jordan, Esq.
Norfolk Southern Corporation – Law Dept.
Three Commercial Place
Norfolk, VA 23510-2191

If to Solutia/Pharmacia:

Craig R. Branchfield
Manager, Remedial projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201

With a copy to:

Cathleen S. Bumb
Assistant General Counsel – Environmental
Solutia Inc.
575 Maryville Centre Drive
St. Louis, MO 63141

NSRC and Solutia/Pharmacia may designate any further or different addresses to which subsequent notices, certificates or other communications will be sent.

12. Miscellaneous.

a. Facsimile as Writing. The parties expressly acknowledge and agree that, notwithstanding any statutory or decisional law to the contrary, the printed product of a facsimile transmittal will be deemed to be "written" and a "writing" for all purposes of this Agreement.

b. Assignment. The rights of the parties under this Agreement are personal and may not be assigned without the prior written consent of the parties hereto. Subject to the foregoing, this Agreement will be binding upon and enforceable against, and will inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and permitted assigns.

c. Headings. The use of headings, captions, and numbers in this Agreement is solely for the convenience of identifying and indexing the various provisions in this Agreement and will in no event be considered otherwise in consulting or interpreting any provision in this Agreement.

d. Severability. If any term, covenant, condition or provision of this Agreement, or the application thereof, to any person or circumstance, is held for any reason to be invalid or unenforceable, then in each such event the remainder of this Agreement or the application of such term, covenant, condition or provision to any other person or any other circumstances (other than those to which it will be invalid or unenforceable) will not be hereby affected and each term, covenant and provision hereof will remain valid and enforceable to the fullest extent permitted by law.

e. Conflict. If there is a conflict between the terms of another contract or agreement and this Environmental Right of Entry and Removal Response Action Agreement concerning the Property, Solutia/Pharmacia and NSRC agree that the terms and conditions of this Agreement shall control.

f. Non-waiver. Failure by any party to complain of any action, non-action or breach of any other party will not constitute a waiver of any aggrieved party's rights hereunder. Waiver by any party of any right arising from any breach of any other party will not constitute a waiver of any other right arising from a subsequent breach of the same obligation of for any other default, past, present or future.

g. Exhibits. Each and every exhibit referred to or otherwise mentioned in this Agreement is and will be construed to be made a part of this Agreement by such reference.

h. Applicable Law. This Agreement will be governed by, construed under and interpreted and enforced in accordance with the laws of the State of Alabama.

i. Entire Agreement. This Agreement contains the entire agreement of the parties with respect to the subject matter hereof and all representations, warranties, inducements, promises or agreements, oral or otherwise, between the parties not embodied in this Agreement will be of no force or effect.

j. Modifications. This Agreement will not be modified or amended in any respect except by written agreement by the parties in the same manner as this Agreement is executed.

k. Counterparts. This Agreement may be executed in several counterparts, each of which will be deemed an original, and all such counterparts together will constitute one and the same instrument.

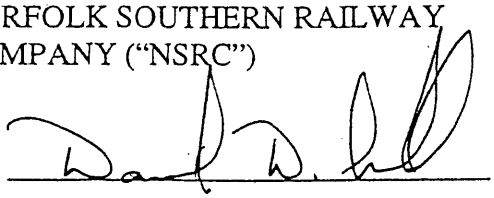
l. Authority. Each party hereto warrants and represents that such party has full and complete authority to enter into this Agreement and each person executing this Agreement on behalf of a party warrants and represents that he has been fully authorized to execute this Agreement on behalf of such party and that such party is bound by the signature of such representative.

13. Effective Date. The effective date of this Agreement shall be the date that all parties to this Agreement have affixed their signature hereto.

14. Termination Date. This Agreement may be terminated at will by the NSRC or Solutia/Pharmacia on five (5) days' written notice to the other party, and this Agreement shall terminate automatically one hundred (100) years from the date of this Agreement provided, however, that termination shall not relieve Solutia/Pharmacia, or its contractors, of any obligation or liability incurred prior to such termination, including the obligation to maintain, repair and replace any coverings installed by Solutia/Pharmacia to contain and prevent worker exposure to residual PCB contamination.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed as of the day and year first written above.

NORFOLK SOUTHERN RAILWAY COMPANY ("NSRC")

By: 

Name: Danny D. Smith

Title: Vice President

SEAL

SOLUTIA INC. ("SOLUTIA")

By: _____

Name: C. Kevin Wilson

Title: ~~Vice President and Treasurer~~ Solutia Inc.

SEAL

PHARMACIA CORPORATION ("PHARMACIA")

By: Solutia Inc, its Attorney in Fact

By: _____

Name: Jeffry N. Quinn

Title: Senior Vice President, Secretary and General Counsel

SEAL

(ALAGRS//solutia.agr)

APPENDIX F

NON-TSCA WASTE MANIFESTS

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

PO# 4508675522 / 603380

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. 0 0 4 0 1 9 0 4 8 — Manifest Document No. 553116 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055316

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	1	M	20		Miller Property 10 yrs Box # 25
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D.W. "Monsanto"	10	12	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Kevin Samples		10	12	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

PO# 4508675522 / 60900

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No. 15314 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055314

B. State Generator's ID

4. Generator's Phone 256 231-8483 ATTN: DONN Williams

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
[redacted] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20	cy	Miller Property
b. WM Profile #			15.03	tons	Box # 107773
c. WM Profile #			weighed in & out		
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN Williams — Signature/On behalf of: DWilliams "MONSANTO" — Month Day Year: 8 13 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Kevin Samples — Signature: [signature] — Month Day Year: 8 13 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy J Mclair — Signature: [signature] — Month Day Year: 8 13 04

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 8 13 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

408 NHM 1 6470C

PO 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 55318 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055318

4. Generator's Phone 256 231-8483 Attn: Donn Williams

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20		Miller Property
b. WM Profile #			15.51 TONS		Box # 107774
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn W. Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS Signature "On behalf of" "MONSANTO" Month 11 Day 04 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Kevin Samples Signature Month 11 Day 04 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month 11 Day 04 Year 04

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Tommy Tarker Signature Month 11 Day 16 Year 04

CWM - NHM - 1 - 5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

PO 4508675522 M1 / 01(20)

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 004 019 048 — Manifest Document No. 55317 — 2. Page 1 of

3. Generator's Name and Mailing Address
NOMANCO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055317

4. Generator's Phone 256 231-8483 Attn: Donn Williams

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corp.

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20		Miller Property
b. WM Profile #			14.74		10/1/96 Box #
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Donn Williams 601-807-1187

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	"MONSANTO"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

CWM - NHM - 1 - 5/97

#3 - TRANSPORTER #1 COPY

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

PO 4508475522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 15408

2. Page 1 of

3. Generator's Name and Mailing Address
ANNISTON, AL 36201-5390

A. Manifest Number **WMNA** 15408

B. State Generator's ID

4. Generator's Phone

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address IL LANDFILL
PERRY COUNTY ROAD E
DUTCHTOWN, IL 62918

10. US EPA ID Number 1 9 3 7 3 0 5 9 9 9 3

G. State Facility's ID

H. Facility's Phone

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE4000	1	M	20	T	11 Stuff Match
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Don Williams 618 801 1197

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature / On behalf of	Month	Day	Year
Don Williams	D Williams "Monsanto"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

CWM NUM 1 5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 55707

2. Page 1 of

A. Manifest Number WMNA 055409

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5298

B. State Generator's ID

4. Generator's Phone 256 831-9445

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE LANDFILL
2095 COUNTY ROAD 5
CENTRE, AL 35972

10. US EPA ID Number AL 0 0 0 2 9 0 0 0 0 0 0 4

G. State Facility's ID

H. Facility's Phone 256/927-1281

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL CONTAMINATED SOIL AND DEBRIS WM Profile # 125488	1	CM	20	CY	11.3 tons/CY D. Falk
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Dawn Williams 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Dawn W. Williams | Signature "On behalf of" Waste Management | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

PO 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD982413095 Manifest Document No. 5315

2. Page 1 of

3. Generator's Name and Mailing Address
782 CLYDESDALE AVE.
ANNISTON, AL 36201-5390
ATTN: DONN WILLIAMS

A. Manifest Number **WMNA** 5315

4. Generator's Phone 256 231 3383

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HOLLOW REGIONAL LANDFILL
PIKE COUNTY ROAD 6
TROY, AL 36079

10. US EPA ID Number AL D 9 8 9 0 9 3 9 3 9

G. State Facility's ID

H. Facility's Phone

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. NON CONTAMINATED SOIL (DEBRIS) WM Profile # 45599	001	CI	20	CY	Miller Property
b. WM Profile #					Boy # 1077293
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill ____ Solidification ____

Bio Remediation ____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D. Williams "Millennium"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

CWM NHM 1 5/97

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

7220

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 4508675522

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD064819484 Manifest Document No. 2055407

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-3390

A. Manifest Number WMNA 2055407

B. State Generator's ID

4. Generator's Phone 256 241 3181

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL WASTE LANDFILL
2065 HWY 17 NORTH
SUMTER, SC 29150

10. US EPA ID Number SCD 980 991 983

G. State Facility's ID

H. Facility's Phone 803/447-1631

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # LF6-0180	001	CM	20	CY	11 Shipped
b. WM Profile #					Con #
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Dawn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
Dawn Williams	Anniston	

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

PO 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231 9401

A. Manifest Number **WMNA**

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone 256 825 1800

7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address CHAL LANDFILL
8265 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 5 9 0 5 8 0 5 | G. State Facility's ID | H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile #	1pm	01	12	CY	11 steel Mitch
b. WM Profile #			22 12	Ton	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn W Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
Donn Williams	E.W.M. Monsanto	

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 4508675522

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. D D 9 8 1 8 1 9 8 1 3 — Manifest Document No. 6 5 4 0 6

2. Page 1 of

3. Generator's Name and Mailing Address
742 OLD DECATUR AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 831-3403

A. Manifest Number WMNA 4055406

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1500

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address FL LANDFILL
2645 COUNTY ROAD 6
PANAMA, FL 32412

10. US EPA ID Number 0 0 2 2 0 3 8 0 0 6 8

G. State Facility's ID

H. Facility's Phone 850 747-1391

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 5209	001	CM	21	CY	11 sheet liner
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donna W. Ulmer 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Donna W. Ulmer	D.W. Ulmer Monsanto	11		

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

30 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019848 Manifest Document No. 55404

2. Page 1 of

3. Generator's Name and Mailing Address
PARKHANNIS
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055404

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name Waste Corporation

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone 256-835-1800

E. State Transporter's ID

9. Designated Facility Name and Site Address
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	CM	01	20	CY	11 sheet Mitch
b. WM Profile #			11 51		107776
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn W. Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams | Signature "On behalf of" "Monsanto" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Wayne Nolen | Signature | Month Day Year: 08 23 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

WM - NHM - 1 - 5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522 MARK 1 / 61350

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 Manifest Document No. 55410

2. Page 1 of 1

3. Generator's Name and Mailing Address
Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055410

B. State Generator's ID

4. Generator's Phone 256 831-0483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	CM	01	20	CY	11 street patch
b. WM Profile #			1 1 1 1		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams | Signature "On behalf of" D Williams "Monsanto" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 4508625522 MACK2 / 30100

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 55411 3

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1055413

B. State Generator's ID

5. Transporter 1 Company Name Taylor Organization

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address MODEL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6498	1	M01	20	CY	11th Street Ditch
b. WM Profile #			001		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN Williams 1-601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN Williams | Signature "On behalf of" Monsanto | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT 4508475522 MB / 77960

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 55412

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1055412

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 076480	CM1	01	20	CY	11 Street Ditch
b. WM Profile #			23.72		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-8071187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D Williams "Monsanto"	10	11	11

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
X William Speer R	X William Speer	12	6	11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]			

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522 MACK / 60360

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 55411

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1005411

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 9 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1831

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20	cy	11 steel Dutch
b. WM Profile #			14.97		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams | Signature "On behalf of" "Monsanto" | Month 10 Day 18 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Hester | Signature | Month 10 Day 18 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508625522 MO1 001230

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
WASHINGTON
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1055398

B. State Generator's ID

4. Generator's Phone 256 231-8493

5. Transporter 1 Company Name Taylor Industrial

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1891

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490	CNO 1		20	Cy	115 feet
b. WM Profile #			11.71	Cy	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams

Signature "On behalf of" "Transporter" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522 11MK21 57720

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055393

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRI-COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5480	CM	01	70	CY	1 Sheet
b. WM Profile #			13.24		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Donna Williams 601-807-1187

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donna Williams — Signature "On behalf of" "Monsanto" — Month Day Year: 8 27 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Hall — Signature: William Hall — Month Day Year: 8 27 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522

SOGO

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019043 Manifest Document No. 55374

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055394

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	CM	01	20	CY	1/Shed
b. WM Profile #			25-30		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Donn Williams

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Donn Williams	D. Williams "Monsanto"	12	10	14

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Harper	William Harper	12	10	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 004 019 048 Manifest Document No. 55395 — 2. Page 1 of

3. Generator's Name and Mailing Address
HONEYWELL
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 4055395

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THREE RIVERS REGIONAL LANDFILL
2265 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20	cy	11 Steel
b. WM Profile #			8.86		126549 4010
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Don Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" "HONEYWELL" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Ken McClanahan — Signature — Month Day Year 07 20 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522

5K 0P0

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 53397

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 12055397

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE LAWN REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490	1	CM	20	M	1/Sheet
b. WM Profile #			13.52		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Donn Will
601-807-1187

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS Signature "On behalf of" Williamson Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Signature Month Day Year

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

PO 4508675522 66020

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 0 Manifest Document No. 15537116

2. Page 1 of

A. Manifest Number WMNA 0355396

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1810

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL 2295 COUNTY ROAD 6 PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001		20	BY	1 Sheet
b. WM Profile #			17.84	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN Williams

Signature "On behalf of" MONSANTO 11 Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Nesbit

Signature Month Day Year 6/7/11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

P.O 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No. 5402 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 12055402

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	CM	01	20	Cy	11 Street
b. WM Profile #			10	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams

Signature: On behalf of "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Terry Jowers

Signature Month Day Year 10 FEB 11

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522 — 57900

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 — Manifest Document No. 5403 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055403

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1802

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HILL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20	CY	11 Street
b. WM Profile #			14.27	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" Monsanto — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

CWM - NHM - 1 - 5/97

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

PO 4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 004 019 048 — Manifest Document No. 55401 — 2. Page 1 of

3. Generator's Name and Mailing Address
HONEYWELL
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 11055401

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE CRAFTERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF8400	1	DM	20	CY	11 street
b. WM Profile #			15.03	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams — Signature "On behalf of" "Monsanto" — Month Day Year 03 23 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry Nelson — Signature — Month Day Year 03 23 04

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

1111 / 6360

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 55400 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055400

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-855-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2265 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400	001	CM	20	CY	1/Street
b. WM Profile #			Non-RQ	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 401-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams — Signature "On behalf of" D. Williams Monsanto — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

GWM-NUM-1-5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 Manifest Document No. 55 5170

2. Page 1 of 1

A. Manifest Number WMNA 1005 5390

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 9 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	CM	01	20	CY	11 Steel
b. WM Profile #			15.14	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name D Williams Signature "On behalf of" Donn Williams Monsanto Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name William Hall Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Terry Jones Signature Month Day Year

CWM - NHM - 1 - 5/97

#3 - TRANSPORTER #1 COPY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD084013048 Manifest Document No. 55391

2. Page 1 of

A. Manifest Number WMNA 10055391

3. Generator's Name and Mailing Address
NONAMMO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Organics

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TRI-CITIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	CM	01	20	CY	115 Fuel
b. WM Profile #			22.65	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 401-802-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

4508675522

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 55372

2. Page 1 of

A. Manifest Number WMNA 10055392

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	1	M	20	CY	11 Street
b. WM Profile #			1/6	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DON WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DON WILLIAMS — Signature "On behalf of" "MONSANTO" — Month Day Year 6 3 11

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 553919

2. Page 1 of

A. Manifest Number WMNA 10055399

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	CM	01	20	CY	1 Sheet
b. WM Profile #			16.56	Tons	
c. WM Profile #					
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams

Signature "On behalf of" "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry Jackson

Signature Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 6 — Manifest Document No. 5 5 3 8 4

2. Page 1 of — 0167522

A. Manifest Number WMNA 10055384

3. Generator's Name and Mailing Address
HONEYWELL
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 334 653 1202

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	2	M D	1 1 2.10	C Y	
b. WM Profile #			1 8 6 3		
c. WM Profile #					
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED — Donna Williams

Purchase Order # EMERGENCY CONTACT: 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donna Williams | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

6870

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 5 3 8 7

2. Page 1 of

A. Manifest Number WMNA 3055389

3. Generator's Name and Mailing Address
ANNISTON
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corp.

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1500

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE COUNTIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5488	CM	01	30	C/Y	1/Shred
b. WM Profile #			16.25		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Donna Williams

Purchase Order # EMERGENCY CONTACT: 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donna Williams | Signature "On behalf of" "Anniston" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name William Herrod | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 53536 — 2. Page 1 of

A. Manifest Number WMNA 10055386

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Transportation — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone 256-835-1600

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS408	CM	01	20	CY	
b. WM Profile #			16.84	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Donn Williams — Signature "On behalf of" Monsanto — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

65000 30620

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No. 65388

2. Page 1 of 4505-0075-ac

A. Manifest Number WMNA 10055388

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name Taylor Transportation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
[illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF8480	CM	01	20	CY	11 Sheet 1
b. WM Profile #			17.19		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams | Signature "On behalf of" Monsanto | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature | Month Day Year 12 31 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 5538 5 — 2. Page 1 of

3. Generator's Name and Mailing Address
Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055385

B. State Generator's ID

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1600

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	CMal		120	CY	11 Sheet 057771
b. WM Profile #			60.6	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN Williams — Signature/"On behalf of" D Williams "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

MAC 1 Yes 6,420

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 12055376

B. State Generator's ID

5. Transporter 1 Company Name Taylor Coppice

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256 435 1802

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2265 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	01	SOL	20	T	97769
b. WM Profile #			15.20	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN Williams 601-661-1157

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN Williams	D.W.	1	1	17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy Mixon	Billy Mixon	1	10	17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019485 Manifest Document No. 53812

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055383

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 334-655-4505

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE COVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	9M	01	30	CY	115
b. WM Profile #			12.31	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
Donn Williams

Purchase Order # EMERGENCY CONTACT: 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Donn Williams		10	17	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		10	17	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 515115

2. Page 1 of 1

A. Manifest Number WMNA 10055375

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	DM	20	CY	
b. WM Profile #				TNS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: 601-801-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature / On behalf of	Month	Day	Year
DON WILLIAMS		9	1	2011

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 583[illegible] 2. Page 1 of 1 — 4509675582

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055380

B. State Generator's ID

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone [illegible]

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5409	1	TM	1	CY	
b. WM Profile #			1	TNS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: [illegible]

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams | Signature "On behalf of" | Month Day Year: 10/01/[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature | Month Day Year: 10/01/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 055382 — 2. Page 1 of — 450675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1005538 2055382

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone 835-1100

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address — CHAMBERS COUNTY REGIONAL LANDFILL
2265 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number — 1 0 0 2 0 0 0 0 0 0 0 0 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	CM	01	21.17	TONS	1ST
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN Williams (601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DON Williams — Signature "On behalf of" — Month Day Year: 09 01 04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Hall — Signature — Month Day Year: 9 01 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Shawn Tarkington — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019484 — Manifest Document No. 5358 — 2. Page 1 of 1 — 450675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10055381

B. State Generator's ID

5. Transporter 1 Company Name Ted TSR Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE BELT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6408	CM01		20	CY	10
b. WM Profile #			21.17	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED — Donn Williams

Purchase Order # EMERGENCY CONTACT: 601-807-1127

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 04/14/99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

01780

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. [illegible]

2. Page 1 of 1 — 4508675502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1855372

B. State Generator's ID

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE490	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
b. WM Profile #			18.32		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: [illegible]

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name [illegible] Signature "On behalf of" [signature] Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] Signature [signature] Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] Signature [signature] Month Day Year 07 [illegible]

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. — 2. Page 1 of — A. Manifest Number WMNA 10055370

3. Generator's Name and Mailing Address
ANNISTON ARMY DEPOT
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400					
b. WM Profile #			21.20		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above
Landfill _____ Solidification _____
Bio Remediation _____

K. Disposal Location
Cell Level
Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

(6046)

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 Manifest Document No. 5 5 3 7 A

2. Page 1 of 1 — 050 47-537

A. Manifest Number WMNA 3055378

3. Generator's Name and Mailing Address
ANNISTON
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEROKEE COUNTY SANITARY LANDFILL
2305 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 9 0 5 0 8 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1091

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490	CM	1	0020	T	Dirt
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: (601) 201-1147

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donn Williams — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

MCNAIR / 60300 30920

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040190485 — Manifest Document No. 39[illegible]

2. Page 1 of [illegible]

3. Generator's Name and Mailing Address
Entact
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10055377

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	GM	1	[illegible]	[illegible]	[illegible] 137775
b. WM Profile #			14.69	[illegible]	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: [illegible]

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name [illegible] — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

McNair 5360

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4504675522

A. Manifest Number WMNA 12055374

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5488	001	CI	11	20	1 57774
b. WM Profile #			11 Y/N		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: Donny Williams 256 848-1473

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Donny Williams — Signature "On behalf of" — Month Day Year: 11 18 11

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 11 18 11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 10055373

2. Page 1 of

A. Manifest Number WMNA 10055373

3. Generator's Name and Mailing Address
ANNISTON ARMY DEPOT
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRIPLE C REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

74180

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 4 0 1 3 0 4 8 — Manifest Document No. 950867522

2. Page 1 of

A. Manifest Number WMNA 10055369

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE RIVERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	001		22.22	T	27.27
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: 256 447 1173

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

GENERATOR

TRANSPORTER

FACILITY

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

764160

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 3711

2. Page 1 of — 4509673502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

A. Manifest Number WMNA 10055371

B. State Generator's ID

4. Generator's Phone 256 231-9483

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE COUNTIES REGIONAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	1	91	22	20	
b. WM Profile #			22	22	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 56249

2. Page 1 of — 4508675508

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5300

A. Manifest Number WMNA 10056249

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name: TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF0400	0 0 1	C M	0 0 1 2 0	T	11 STREET 177729
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D Williams "Monsanto"	5	29	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		5	29	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson				

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 66253

2. Page 1 of

A. Manifest Number WMNA 11056253

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-0483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 831-1890

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHAMBERS COUNTY LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	001	DM	00020	T	11 STREET 1079091
b. WM Profile #			11.31	T	TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-497-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS Signature "On behalf of" "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Signature Month Day Year

40) MAC2 61330

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 150 0275 27

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1005536 1055368

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	15 YD	TONS	
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
D. Williams		09	01	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Hostak				04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Tackett		09	01	04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

64560

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No. 156250

2. Page 1 of

45086755 20

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1056250

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1900

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	001	CM	00020	Y	11 STREET 107774
b. WM Profile #			11 YDS		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D Williams "Monsanto"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		10	31	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

7/16/0

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 50255

2. Page 1 of

150475522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 2056255

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1880

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TRI-COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5408	0 0 1	C Y	0 0 2 1 6 3	T	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DON WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DON WILLIAMS | Signature "On behalf of" Monsanto | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

CWM-NUM-1-5/97

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

48700

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 0 5

2. Page 1 of — 4508675522

A. Manifest Number WMNA 10056200

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THEE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			18.18		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-867-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" Donn Williams (Monsanto) — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year 07 07 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 07 07 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

02800

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56252 — 2. Page 1 of — 4503675329

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 12056252

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00015	Y	11 STREET 197776
b. WM Profile #			15.77		None
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS	DWilliams "Monsanto"	

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
[illegible]	[illegible]	07 07 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
[illegible]	[illegible]	07 07 01

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

63760

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 502511

2. Page 1 of 4508675502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056251

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRINITY ENVIRONMENTAL LANDFILL
2285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	0005	Y	11 STREET 107770
b. WM Profile #			16.34		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of" "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair

Signature Month Day Year 03 05 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

55980

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. AL D 0 8 2 1 0 1 9 0 4 3 — Manifest Document No.

2. Page 1 of

GENERATOR

3. Generator's Name and Mailing Address
782 CLYDESDALE AVE.
ANNISTON, AL 36201-5350

4. Generator's Phone 256 231-8483

A. Manifest Number **WMNA** 056196

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
22805 COUNTY ROAD E
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 37402					11 STREET
b. WM Profile #			12.11K		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

69720

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 5021117

2. Page 1 of 1

4508F7559

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056197

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1891

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	00	DM	38000	Y	11 STREET 107791
b. WM Profile #			19.17		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

GENERATOR

Printed/Typed Name DONN WILLIAMS

Signature "On behalf of" Donn Williams (Monsanto)

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature

Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

6/14/20

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 Manifest Document No. MCP 15

2. Page 1 of

USO867552 2

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5392

A. Manifest Number WMNA 10056203

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number (256) 835-1888

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2535 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number
1 0 0 2 0 0 0 0 0 0 0 0

256/447-1881

G. State Facility's ID

H. Facility's Phone

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS485	0 0 1	C M	0 0 0 2 0	TO	11 STREET H 7707
b. WM Profile #			16 95		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	Donn Williams (Monsanto)			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Hosier	W Hosier	9	8	19

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	09	09	19

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

07560

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56254

2. Page 1 of — 950675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1056254

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1000

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			14.46		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of" Monsanto — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year 9 1 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 09 1 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. AL 0 0 0 [illegible] Manifest Document No.

2. Page 1 of

A. Manifest Number **WMNA** [illegible]

3. Generator's Name and Mailing Address [illegible]

4. Generator's Phone 256 831-6487

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible]
2095 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. NON CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]					11 STREET
b. WM Profile #			10 YDS		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DAWN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DAWN WILLIAMS

Signature "On behalf of" [illegible]

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible]

Signature [illegible]

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature

Month Day Year

WMC 6/1/96

NON-HAZARDOUS MANIFEST

WM WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 Manifest Document No. STATE

2. Page 1 of 450467522

Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 20056201

B. State Generator's ID

Generator's Phone 256 231-8483

Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1253

Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

Designated Facility Name and Site Address
PINE HILL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	2	BL	2	B	11 STREET
b. WM Profile #			16	T	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS	Donn Williams (Monsanto)	6/1/96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Williams Hester	Williams Hester	6/1/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Jerry Tucker	Jerry Tucker	6/1/96

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

53500

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 5211111

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056199

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1690

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TRI-COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00022	Y	11 STREET 10000
b. WM Profile #			11.3a	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. WMHX

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1205156198

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2805 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number
1 0 0 2 9 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile #	001	CM	00015	P	11 STREET
b. WM Profile #			13.36		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of":

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature

Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

/ 6708

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 50605

2. Page 1 of 1 — 1150867552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056205

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TAYLOR COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	30	11 STREET 107906
b. WM Profile #			18 11		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Hall				

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

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NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. P.O. LPN

2. Page 1 of — 450867552Q

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056206

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	0 0 1	C M	0 0 2 0	T	11 STREET 107701
b. WM Profile #			17.60		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 501-907-1107

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name William Hall | Signature | Month 9 Day 17 Year 09

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

6/1980

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. SC257

2. Page 1 of 1 — 950675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056207

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THREE CANYONS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	00	LM	00020	Y	11 STREET 107724
b. WM Profile #			17.21		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	Donn Williams			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
			10	9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

75100

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L 0 0 0 4 0 1 9 0 4 8 — Manifest Document No. [illegible]

2. Page 1 of [illegible] — 450 867 3902

A. Manifest Number WMNA 10056204

3. Generator's Name and Mailing Address
792 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	0 0 1	C M	0 0 0 2 0	P	11 STREET 107924
b. WM Profile #			22 29		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOHN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOHN WILLIAMS — Signature "On behalf of" [signature] (Manual) — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] — Signature [signature] — Month Day Year 9 10 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] — Signature [signature] — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 562246

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056246

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	00	CM	00020	Y	11 STREET 105729
b. WM Profile #			1351	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature/"On behalf of"	Month Day Year
DONN WILLIAMS	D. Williams "Monsanto"	09/19/94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
[illegible]	[illegible]	09/19/94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Sherry Jackson	Sherry Jackson	09/19/94

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No. 56240

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056240

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRI-CITIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			14.27	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOWN WILLIAMS	"Monsanto"	10	1	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		10	1	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		10	1	04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 56247 — 2. Page 1 of 1 — 150 867552

3. Generator's Name and Mailing Address: MONSANTO, 702 CLYDESDALE AVE., ANNISTON, AL 36201-5390

4. Generator's Phone: 256 231-8483

A. Manifest Number: WMNA 1056247

B. State Generator's ID:

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID:

D. Transporter's Phone: (256) 835-1999

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: PIEDMONT LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 256/447-1891

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS — WM Profile # CF6409	001	CM	00020	Y	11 STREET
b. — WM Profile #			21.16	Tons	
c. — WM Profile #					
d. — WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month 07 Day 17 Year 09

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Hinson — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherri Jackson — Signature — Month 07 Day 17 Year 09

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 4 — 2. Page 1 of 1 — 450 8675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056241

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TARRE CONNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CEGAWD					11 STREET
b. WM Profile #					TOS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOHN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOHN WILLIAMS	"Monsanto"	09	15	11

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Hester		09	15	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy Mehr		09	15	14

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Terry Forson		09	15	14

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56248

2. Page 1 of 1 — 980675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 18056248

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 107993
b. WM Profile #			17.12		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	"Monsanto"	10	11	94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
William Hester		10	11	94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair	Billy McNair	10	13	94

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 50239

2. Page 1 of 1 — 4508675530

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 19056239

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TIMBERLAND REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 109920
b. WM Profile #			21.70	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D. Williams "Monsanto"	01	11	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McCain	Billy McCain	01	13	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Johnny Jackson	Johnny Jackson	01	13	99

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 Manifest Document No. 56238

2. Page 1 of

A. Manifest Number WMNA 1056238

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (256) 835-1000

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	0 0 1	C M	0 0 0 2 0	Y	11 STREET 107774
b. WM Profile #			15.12		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		09/30/97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy McNair		09/30/97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Da
Sherry Jackson		

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 50245

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5399

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 3005624 5 3005624 5

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1888

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TIMBERLINE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1891

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	0 0 1	C M	0 0 2 0	Y	11 STREET
b. WM Profile #			16.51		Cust # 107112
c. WM Profile #					Tons
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-987-1137

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	DW Williams "Monsanto"	09	13	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Kevin Samples	K Sam	09	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Larry Jackson				

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

76000

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 56244

2. Page 1 of — 450867552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056244

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address: [illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C Y	0 0 2 2 0		11 STREET
b. WM Profile #			2269		Can # 107901
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of": DWilliams / Monsanto — Month Day Year: 11

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFES

WASTE MANAGEMENT

6592

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56243

2. Page 1 of 4508675528

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056243

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone ~~(256) 835 1800~~

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRI-CITIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00025	Y	11 STREET
b. WM Profile #			17.72		Can # 107770
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D. Williams "Monsanto"	09	11	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Kevin Sampley		09	11	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

IMAC 2 66 700

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56230

2. Page 1 of 1

4S0460598

A. Manifest Number WMNA 10056230

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00020	Y	11 STREET 107924
b. WM Profile #			18.19		Tons
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	DW Williams "Monsanto"	04	15	2014

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair	Billy McNair	04	15	2014

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jach	Sherry Jach	04	16	2014

MAC 2 67760

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 5625 — 2. Page 1 of — 450867552Q

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056231

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1888

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	20	CM	0022	T	11 STREET 107908
b. WM Profile #			15.62		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: JOHN WILLIAMS 601-807-1137

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
JOHN WILLIAMS	J Williams "MONSANTO"	09	15	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair	Billy McNair	09	15	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Steven Tatum	Steven Tatum	09	15	14

WMTC / 11360

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 4 2

2. Page 1 of — 4508675593

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1056242

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108345
b. WM Profile #			20.87		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS	D Williams "Monsanto"	09/15/04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy Mahair	Billy Mahair	09/15/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Sherry Jackson	Sherry Jackson	09/15/04

GENERATOR

TRANSPORTER

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

79160

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 4508675502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5300

A. Manifest Number WMNA 19056229

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1300

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE RIDGE ROAD/CHEMICAL LANDFILL
2285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	T	11 STREET 10546
b. WM Profile #			24		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" "Monsanto" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy Nair | Signature | Month Day Year 10/10/01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year 10/11/01

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

67300

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 56224 — 2. Page 1 of — 450675511

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 2005622[illegible] 2005224

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number — C. State Transporter's ID (256) 835-1000 — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			16.11		607321
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	Monsanto	09	16	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	09	16	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 2 3

2. Page 1 of — 450867502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056223

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PINE RIDGE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 10/9/04
b. WM Profile #			2170		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-907-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of": D.W. Williams "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature: Billy McNair — Month Day Year: 10 19 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

76960

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 56225 — 2. Page 1 of — 46,036,559-9

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056225

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1080

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	8	DM	00023	Y	11 STREET 10/9/14
b. WM Profile #			23.01		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy Miller — Signature — Month Day Year: 09 17 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

72380

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 2 6 — 2. Page 1 of — 450861552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056226

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108555
b. WM Profile #			21.39		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 09 11 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

61480

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56227

2. Page 1 of 1 — 4506 75520

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056227

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 10076
b. WM Profile #			15.64		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		09	17	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

67440

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 2 8 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 3056228

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEROKEE SANITARY LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 35272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 1 8	Y	11 STREET 67442
b. WM Profile #			18.53		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 10 9 17 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

80580

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 5621 7

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056217

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1888

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAYLOR COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	00	DM	00020	Y	11 STREET
b. WM Profile #			24/60		Ticket 107905
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 2 2 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 19056222

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	2 0 1	C M	2 0 0 0	P Y	11 STREET
b. WM Profile #			17,68		Cont #
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D.W. Williams "Monsanto"	0 1	1 7	0 1

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ronnie Bowden		0 1	1 7	0 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	0 1	1 7	0 1

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040401904 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
~~SOUTHERN~~, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-9483

A. Manifest Number WMNA391471 391471

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # ~~CF5400~~					
b. SOIL & DEBRIS ~~CONTAMINATED~~ WITH PCB'S & 4-NITROPHENOL (PNP) WM Profile # ~~CW5328~~			220 TN	T	S
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name | Signature "On behalf of" | Month Day Year 04 15 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McGhee | Signature | Month Day Year 04 15 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Kippy Fitzpatrick | Signature | Month Day Year 04 15 04

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040139048 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
~~SUMITEX~~, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA391474 391474

B. State Generator's ID

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480			14.17	T	11 10958
b. ~~SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PNP)~~ WM Profile # CW5528					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year 10 9 14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Kelly McNair — Signature — Month Day Year 10 9 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Tiffany Tucker — Signature — Month Day Year 10 9 14

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5300

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1056220

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

9. Designated Facility Name and Site Address [illegible] LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 0 1 0	Y	11 STREET
b. WM Profile #			15122		54
c. WM Profile #					Tons
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" "Monsanto" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Tony Jones | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 56221 — 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056221

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 825-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CHEROKEE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5480	001	CH	22	EY	11 STREET
b. WM Profile #			17.30	T	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" Monsanto — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry James — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: ALD004019048 — Manifest Document No.:
2. Page 1 of 1

3. Generator's Name and Mailing Address: SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone: 256 231-8483

A. Manifest Number: WMNA391472 391472

B. State Generator's ID:

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address: THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400					LD904
b. ~~SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PNP)~~ WM Profile # CW5500			1PKG		Tarps
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: D. [illegible] — Signature "On Behalf of" "monsanto" — Month Day Year: 10/9/2014

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 10/9/2014

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: S[illegible] T[illegible] — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number **WMNA** 391470 391470

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number

E. State Transporter's ID

7. Transporter 2 Company Name — 8. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488					107937
b. ~~SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL~~ (PNP) WM Profile # CW528			9/11/13	T	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040401904 8 — Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA391469 391469

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400			1/5 17	T	10719
b. ~~SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PNO)~~ WM Profile # CW5520					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.:

2. Page 1 of 1

A. Manifest Number: WMNA391473 391473

3. Generator's Name and Mailing Address: [redacted] INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID:

4. Generator's Phone: 256 231-8483

5. Transporter 1 Company Name — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address: THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6A00					11 10 Sk
b. ~~SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PNP)~~ WM Profile # CW5529			17.75		TNS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 10 10 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

MAC 2

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 5 6 2 1 6

2. Page 1 of — 450367522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056216

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1900

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THEIS DISPOSAL NATIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 107914
b. WM Profile #			20.41		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	D Williams "Monsanto"	09	20	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McMinn	Billy McMinn	09	20	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Theresa Theis	Theresa Theis	09	20	04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

7158O

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 56215

2. Page 1 of 1 — 4508675528

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056215

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1850

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TIMBERLANDS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 13790
b. WM Profile #			24.18		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature: On behalf of "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair

Signature: Billy McNair Month 12 Day 21 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

76640

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

NON-HAZARDOUS MANIFEST

Generator's US EPA ID No. ALD 004 019 048 | Manifest Document No. 56214 | 2. Page 1 of | HSO675582

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056214

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108513
b. WM Profile #			22.55		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" "Monsanto" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Kelly McNair | Signature | Month 04 Day 21 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year 21 APR 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

73660

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 562 TB

2. Page 1 of — 4503675522

A. Manifest Number WMNA 10056213

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 435-1368

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400		BOLTMBOBEBY			11 STREET D7901
b. WM Profile #			2144		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of" "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Bill McPain

Signature Month Day Year 2 14 21 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Signature Month Day Year 2 15 21 14

MAC+ 5/7/20

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019848 Manifest Document No. 56208 — 2. Page 1 of — 4150367559

3. Generator's Name and Mailing Address: MONSANTO, 702 CLYDESDALE AVE., ANNISTON, AL 36201-5390

4. Generator's Phone: 256 231-8403

A. Manifest Number: WMNA 20056208

B. State Generator's ID:

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID: (256) 435-1300

D. Transporter's Phone:

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: [illegible] REGIONAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 205/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 10/7/04
b. WM Profile #			11163		TONS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year: 10/12/04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 10/19/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

IIIAC 2 79700

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 040 190 488 — Manifest Document No. 56210 — 2. Page 1 of — 450867552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1056210

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1888

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] REGIONAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number ALD 980 200 000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 107996
b. WM Profile #			21.41	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOHN WILLIAMS 601-807-1137

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOHN WILLIAMS — Signature "On behalf of" "Monsanto" — Month Day Year 07 12 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature — Month Day Year 07 12 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] — Signature [illegible] — Month Day Year 07 12 99

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No. 56211

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056211

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address TIMMERMAN LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 076486	0 0 1	C M	0 0 0 2 0	Y	11 STREET 1297409
b. WM Profile #			23.58		THIS
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DON WILLIAMS 601-087-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DON WILLIAMS	DW Williams "Monsanto"	01	21	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy Palmer	Billy Palmer	01	21	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Alan Tate	Alan Tate	01	21	14

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No. 56212

2. Page 1 of — 450 367552

A. Manifest Number WMNA 19056212

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1400

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108550
b. WM Profile #			20.65		Tons
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On-behalf of"	Month	Day	Year
DONN WILLIAMS	D.W. "Monsanto"	10	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		10	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		10	12	04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

(OC480

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 5612 B

2. Page 1 of 1 — 450867522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1056218

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1400

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # OF6480	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108546
b. WM Profile #			14 Sq Yards		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-307-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of": Donn Williams "Monsanto" Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McRae

Signature: Billy McRae Month Day Year 08 13 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Scott Furtado

Signature Month Day Year 23 SEP 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

72026

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 562097 — 2. Page 1 of — 480867522

A. Manifest Number WMNA 10056209

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1060

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAYLOR REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 10799
b. WM Profile #			0020		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of": D.W. Williams "Monsanto" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature: Billy McNair — Month 10 Day 23 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

61800

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 46867592

A. Manifest Number WMNA 3055232

3. Generator's Name and Mailing Address
ANNISTON
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8403

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 09794
b. WM Profile #			13.85		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McKie — Signature — Month Day Year 1 9 2 4

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name TIM LANDRUM — Signature — Month Day Year 2 4 0 4

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

1170 / 023410

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 45086755 22

A. Manifest Number WMNA 10056235

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TIMBERLINE ENVIRONMENTAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5480	0 0 1	C M	0 0 0 1 7 3 1	Y	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of" — Month Day Year: 11/8/96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LEE COLLINGER — Signature — Month Day Year: 11-13-96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year: 11/14/96

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

1170 / 60340

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 4506475522

A. Manifest Number WMNA 18067430

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 435-1060

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address: TIFFANY SPRINGS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			19.08 tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

1111 (11/00)

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 45086755 25

A. Manifest Number WMNA 10056236

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1800

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6408	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			18.53		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-607-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BILL WALLACE — Signature — Month Day Year 9 12 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

CWM - NHM - 1 - 5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

1169 / 05920

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004017048 Manifest Document No. 56211 — 2. Page 1 of Yo

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10056219

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TIMBERLINE ALABAMA LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1681

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5408	001	CM	20.21	Y	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	DWilliams "MONSANTO"	07	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John Pike		07	04	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

1169 / 7C1120

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019848 — Manifest Document No.

2. Page 1 of — 460167552 C

A. Manifest Number WMNA 10067433

3. Generator's Name and Mailing Address
HUNSINGER
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1360

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: THREE RIVERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFB400	011	CM	22 10	Y	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year: 04 24 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 75086752 2

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10056237

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1930

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT MUNICIPAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5480	0 0 1	C N	0 0 0 2 0	Y	11 STREET
b. WM Profile #			1994	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	"Monsanto"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bill Warner			9	25 94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Tatum				

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10067406

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PEDMONT COMMERCIAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00020	Y	11 STREET
b. WM Profile #			2nd Trip		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		01	15	01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
TOM MURRAY		01	15	01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Thomas Jackson		01	15	01

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — 4508675520

A. Manifest Number WMNA 13067409

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 83[illegible]-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE COURTS REGIONAL LANDFILL
2285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE4881	0 0 1	C M	0 0 1 9 0	Y	11 STREET 107912
b. WM Profile #			19.17	TNS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of"

Month Day Year: 10 21 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair

Signature

Month Day Year: 10 21 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherman Jackson

Signature

Month Day Year: 10 21 04

INAC 2 7/12/00

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040193488 — Manifest Document No.

2. Page 1 of — 450367522

A. Manifest Number WMNA 12067408

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1403

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT SANITARY LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	000	CM	00020	Y	11 STREET 107422
b. WM Profile #			10.10 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 6/9/00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McMath — Signature — Month Day Year 6/9/00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] — Signature — Month Day Year 6/9/00

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 8 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5399

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
RRRC COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

A. Manifest Number WMNA

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile #					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

69060

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 4500695522

A. Manifest Number WMNA 10067411

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1500

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE COUNTY REGIONAL LANDFILL
2285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 655400					11 STREET 109555
b. WM Profile #			1931		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 0 — Manifest Document No.

2. Page 1 of 1 — 45 [illegible] 32

A. Manifest Number WMNA [illegible] 007407

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5378

B. State Generator's ID

4. Generator's Phone 256 231-6483

5. Transporter 1 Company Name
TAYLOR COMPANY

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
[illegible] LANDFILL
2205 COUNTY ROAD 5
DIXIEMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1091

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]					11 STREET 10791
b. WM Profile #			14 CY		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
67000 50765

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 501-407-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] | Signature [illegible] | Month Day Year 1 0 2 1 [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] | Signature [illegible] | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 8 1 9 3 4 4 — Manifest Document No. WMNA

2. Page 1 of — 450 [illegible] 6233

A. Manifest Number WMNA [illegible] 6233

3. Generator's Name and Mailing Address
782 CLYDESDALE AVE.
ANNISTON, AL 36201-5350

B. State Generator's ID

4. Generator's Phone 256 831-8493

5. Transporter 1 Company Name TAYLOR COMPANY, INC

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: [illegible] LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 3 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]					11 STREET 10[illegible]419
b. WM Profile #			1 9 [illegible]	3	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid [illegible] 3101.0

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of" [illegible]

Month Day Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible]

Signature [illegible]

Month Day Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible]

Signature [illegible]

Month Day Year [illegible]

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004150438 — Manifest Document No.

2. Page 1 of 1 — HF0867502

A. Manifest Number WMNA 3067412

3. Generator's Name and Mailing Address
792 GLADSDALE AVE.
ANNISTON, AL 36201-5370

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name WASTE CONNECTIONS

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEROKEE COUNTY LANDFILL
1585 CHEROKEE COUNTY 5
CENTRE, AL 35972

10. US EPA ID Number ALD982000803

G. State Facility's ID

H. Facility's Phone 256/447-1981

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile #					11 SHEET 107431
b. WM Profile #			1		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

70320 / 5152

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — 450867555 22

A. Manifest Number WMNA 10067432

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 825-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1981

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5408	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108545
b. WM Profile #			2 1/4 60		Tons
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		1/10/08

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy Mahar		1 10 08

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Steve Tucker		1 14 08

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 4503675522

A. Manifest Number WMNA 10056234

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8493

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1000

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	0 0 1	C M	0 0 0 2 0 0	Y	11 STREET 10851
b. WM Profile #				TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-987-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS

Signature "on behalf of" Monsanto Month 11 Day 02 Year 04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair

Signature Billy McNair Month 11 Day 03 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sharon Jackson

Signature Sharon Jackson Month 11 Day 08 Year 04

WM 2 7020

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4508675523

A. Manifest Number WMNA 12067428

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1000

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THIRD EARTH REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488	001	CM	00020	Y	11 STREET 108549
b. WM Profile #			21/96	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	10	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy Mann		1	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — LI 5067552

A. Manifest Number WMNA 10067429

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 165498	000	CM	00005	Y	11 STREET 107920
b. WM Profile #			20.97	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		10 04 07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
[illegible]	[signature]	10 04 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Sherrie Jackson	[signature]	10 04 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

T1(6) - 7(6)

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 2

A. Manifest Number WMNA 10067413

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5350

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number
1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5000					11 STREET
b. WM Profile #			23.16		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-907-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS | Signature "On behalf of" | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Roger McElroy | Signature | Month Day Year: 1 0 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year: 05

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

66880

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — 4S0 967592

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10067363

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFA400					11 STREETS
b. WM Profile #			12.63		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS

Signature "On behalf of"

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year 10 05 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature

Month Day Year 05 12 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

7830

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 5 0 1 8 — Manifest Document No.

2. Page 1 of — 4500405520

A. Manifest Number WMNA 10957402

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
(Montgomery, AL 36106-5320)

4. Generator's Phone 256 831-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address SOIL LANDFILL
2385 COUNTY ROAD 6
EVERGREEN, AL 36472

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 251-447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 125488	001	CN	00020	T	11 STREET
b. WM Profile #			20.01	T	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year 10 15 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: ALD004019048 — Manifest Document No.:
2. Page 1 of 1 — 450367522
A. Manifest Number: WMNA 10067396
3. Generator's Name and Mailing Address: MONSANTO, 702 CLYDESDALE AVE., ANNISTON, AL 36201-5390
4. Generator's Phone: 256 231-8483
B. State Generator's ID:
5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number:
C. State Transporter's ID:
D. Transporter's Phone: (256) 835-1000
7. Transporter 2 Company Name — 8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:
9. Designated Facility Name and Site Address: ~~PIEDMONT~~ MUNICIPAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000
G. State Facility's ID:
H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00020	Y	11 STREET 10M907
b. WM Profile #			20.28		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS | Signature "On behalf of": | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: 1 1 26 14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: 01 14

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4208675522

A. Manifest Number WMNA 10067397

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400					11 STREET 103555
b. WM Profile #			22.90	CYDS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Kelly McNair | Signature | Month Day Year 10 06 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

T1162 / 09240

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 5450367502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10057364

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
TIMBERLINE REGIONAL LANDFILL
2305 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5100	001	CM	00020	Y	11 STREET
b. WM Profile #			20.66		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOWN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

T1162 / 60760

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 450367 SLC

A. Manifest Number WMNA 19067415

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1666

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE DOWNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number
100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # OF5408	001	CM	00059	Y	11 STREET
b. WM Profile #			16.59		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOHN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOHN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Melinda Perkins — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067370

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAYLOR HARDIN REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	001	CY	00020	Y	11 STREET
b. WM Profile #			19.75	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-397-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS | Signature "On behalf of" | Month Day Year: 10/03/06

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Kevin Dox | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Barker | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 450867552?

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067360

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAYLOR CHEMICAL RECLAIMAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE4000	3 0	T	0 0 0 2 0	Y	11 STREET 10994
b. WM Profile #				Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	10	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		10	10	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Stacy Taylor		10	10	14

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 4508675522

A. Manifest Number WMNA 10067395

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	001	CM	00019.37	T	11 STREET 109918
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 1/6/14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BILLY MCGAR — Signature — Month Day Year: 1/10/14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Simon Fox — Signature — Month Day Year: 1/14/14

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 1 [illegible] 45086755 2 JJK

A. Manifest Number WMNA 10067359

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5480	0 0 1	C M	0 0 0 2 0	Y	11 STREET 10905
b. WM Profile #			23/8	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPUSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-207-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		6/10/14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy McGair	[signature]	6/10/14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Stacy Jackson	[signature]	6/11/14

EAPI 51980

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 831-8483

A. Manifest Number WMNA 10067372

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			14.00	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	10	09

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Thomas Thompson		1	16	09

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		1	16	09

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name _____ Signature _____

NON-HAZARDOUS MANIFEST

FAPI 74260

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 5005552

A. Manifest Number WMNA 10067414

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: TRI-CITIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 0F6400	0 0 1	C N	0 0 0 2 0	Y	11 STREET
b. WM Profile #			22.01	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	10	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Thomas Thompson		1	10	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Tarver		1	10	04

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

1167 03760

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD002410146 — Manifest Document No.

2. Page 1 of 1 — 4508675522

A. Manifest Number WMNA 10067371

3. Generator's Name and Mailing Address
MONSANTO
766 CLYDESDALE AVE.
ANNISTON, AL 36201-5398

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256/ 832-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number ALD980991000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 682482					11 STREET
b. WM Profile #			16.87 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS	Don Williams "Monsanto"	10/07/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Melinda Perkins	Melinda Perkins	10/07/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Shannon Tarkan	Shannon Tarkan	10/07/04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 5 5 5 8 7 — Manifest Document No.

2. Page 1 of — 4508675522

A. Manifest Number WMNA 1005387

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name Taylor Corporation — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 256-835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE RIDGE REGIONAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6408	CM	01	20	CY	11 Shed
b. WM Profile #				Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: Donn Williams 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Donn Williams	D. Williams "Monsanto"	1	19	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Melinda Perkins	Melinda Perkins	1	19	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson	Sherry Jackson	1	19	99

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040139048 — Manifest Document No.

2. Page 1 of — 4508615622

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1067416

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 825-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6A00	001	CM	00020	Y	11 STREET
b. WM Profile #			16.15	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 1/20/11

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Melinda Perkins — Signature — Month Day Year: 1/21/11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067373

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1300

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00001	Y	11 STREET
b. WM Profile #			15.60	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DUNN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DUNN WILLIAMS — Signature "On behalf of" — Month Day Year: 1/10/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Thomas Thompson — Signature — Month Day Year: 1/10/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Stacy Tate — Signature — Month Day Year: 1/10/04

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

EPA 6/98

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 004019048 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10067377

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAKE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00025	Y	11 STREET
b. WM Profile #			173	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	09	01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible] Thompson		10	09	01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Johnson		10	09	01

TRUCK # 11160

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019848 — Manifest Document No.

2. Page 1 of — 450607592

A. Manifest Number WMNA 10067401

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1300

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	abhcmabbbbr				11 STREET 10/9/10
b. WM Profile #			2010	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature/"On behalf of": "Monsanto" — Month Day Year: 10/9/10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McClain — Signature — Month Day Year: 10/9/10

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Jackson — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

MAC 2 77260

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — H508675502

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067361

B. State Generator's ID

5. Transporter 1 Company Name — TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	000	CM	00023	Y	11 STREET 108546
b. WM Profile #			23.15	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-987-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 10 04 07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McClair — Signature — Month Day Year: 10 05 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Jackson — Signature — Month Day Year: 10 05 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 450867552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1067369

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 831-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400	001	CM	00020	Y	11 STREET
b. WM Profile #			20.14	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 10 29 07

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Melinda Perkins — Signature: Melinda Perkins — Month Day Year: 10 29 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 9 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10067374

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 875-1900

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C H	0 0 0 2 0	Y	11 STREET
b. WM Profile #			20-25 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS — Signature "On behalf of" — Month Day Year 1/10/01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No.:

2. Page 1 of 1

3. Generator's Name and Mailing Address:
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone: 256 231-8483

A. Manifest Number: WMNA 10067375

B. State Generator's ID:

5. Transporter 1 Company Name: TAYLOR CORPORATION

6. US EPA ID Number:

C. State Transporter's ID:

D. Transporter's Phone: (256) 835-1200

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
TRIPLE CHEROKEE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID:

H. Facility's Phone: 256/447-1801

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			20 TONS		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1197

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	19	07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Melinda Perkins	Melinda Perkins	1	19	07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	1	[illegible]	07

CWM NUM 1 5/97

11164 67200

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067376

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 825-1400

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	00	BL	00020	Y	11 STREET
b. WM Profile #			1156	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 11 10 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name David Caudle | Signature | Month Day Year 11 11 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019040 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 1007368

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1400

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00025	Y	11 STREET
b. WM Profile #			19.99	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: David Caudle — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Terry Tucker — Signature — Month Day Year

NMC2 85460

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No.

2. Page 1 of 1 — 450867552

A. Manifest Number WMNA 10067424

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1400

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THE ~~KIMBERLY-CLARK~~ PERSONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400		BULCM	00000EBY		11 STREET 107909
b. WM Profile #			20.37	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 10 07 07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair | Signature | Month Day Year 10 07 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] | Signature | Month Day Year 10 10 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 450867522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10067422

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1861

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFC488	001	CM	00020	Y	11 STREET 107914
b. WM Profile #			2093	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 10 09 04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McGar — Signature: Billy McGar — Month Day Year: 10 09 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Jackson — Signature — Month Day Year: 10 09 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 4

A. Manifest Number WMNA 10067365

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRI-CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	000	CM	00000	Y	11 STREET 10850
b. WM Profile #				Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		1/10/04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy McNair	Billy McNair	1 9 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Sherry Jackson	Sherry Jackson	1/20/04

INAC 4 1106C

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1 — 4508675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10067378

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address WHEELER FEDERAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00021	Y	11 STREET 107914
b. WM Profile #			21.95	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	6	14

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
SEAN MAHR		1	10	14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
		1	10	14

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 450867552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067423

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1600

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: THREE COUNTIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 085488	001	CM	00625	Y	11 STREET 10790M
b. WM Profile #			1993	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	10	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		10	11	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		10	11	04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA 10067417

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5350

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1650

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TARRE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6402	0 0 1	C M	0 0 2 5 0	Y	11 STREET
b. WM Profile #					
c. WM Profile #			1 1 3 9	TONS	
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Steve Tackett | Signature | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

WMNA 7476 0

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 12067420

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1900

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAYLOR HARDIN REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			21.66	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherman Taylor | Signature | Month Day Year

GENERATOR

TRANSPORTER

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 040190488 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10067421

B. State Generator's ID

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	E	11 STREET
b. WM Profile #			10.51	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

72080

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

A. Manifest Number WMNA 10067419

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1050

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			20 47		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
[illegible]
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5396

4. Generator's Phone 256 231 6483

A. Manifest Number WMNA

B. State Generator's ID

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address L LANDFILL
2005 COUNTY ROAD 5
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1981

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCP CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]					11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOUG WILLIAMS 601-397-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOUG WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

7710

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: ALD004019048 — Manifest Document No.:

2. Page 1 of — 450867552

A. Manifest Number: WMNA 10067384

3. Generator's Name and Mailing Address: MONSANTO, 702 CLYDESDALE AVE., ANNISTON, AL 36201-5390

B. State Generator's ID:

4. Generator's Phone: 256 231-8483

5. Transporter 1 Company Name: TAYLOR CORPORATION — 6. US EPA ID Number:

C. State Transporter's ID: (256) 435-1990

7. Transporter 2 Company Name — 8. US EPA ID Number:

D. Transporter's Phone:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: THREE RIVERS REGIONAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272 — 10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	000	CM	00023	T	11 STREET 101924
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McClair — Signature — Month Day Year: 1/13/2014

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

MCNAIR / 7636

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4558675522

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10067386

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 435-1200

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108513
b. WM Profile #			22.74		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 10 13 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of

A. Manifest Number **WMNA**

3. Generator's Name and Mailing Address

4. Generator's Phone

B. State Generator's ID

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. WM Profile #					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill Solidification

Bio Remediation

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DAWN WILLIAMS 601-407-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DAWN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

7411(0

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
[illegible]
280 CLYDESDALE AVE.
ANNISTON, AL 36201-5370

4. Generator's Phone 256 231-0483

A. Manifest Number WMNA 2057394

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 | 10. US EPA ID Number 1 0 0 2 0 0 9 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. NON CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]					11 STREET
b. WM Profile #			2100		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Kim Cato FA/O	Kim Cato	13 OCT 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 OLD OLIVEHILL RD.
ANNISTON, AL 36201-5399

4. Generator's Phone 256 831-8483

A. Manifest Number WMNA 10267393

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1666

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE RIDGE REGIONAL LANDFILL
6265 COUNTY ROAD 6
DIXMONT, AL 35426

10. US EPA ID Number A L D 0 9 8 0 8 0 8 3 6

G. State Facility's ID

H. Facility's Phone (256) 447-3391

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 07488	0 0 1	C M	0 0 2 0 0	Y	11 STREET
b. WM Profile #			1990		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-507-1167

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 4508675522

A. Manifest Number WMNA 10076368

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8493

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480	001	CM	00020	Y	11 STREET 108545
b. WM Profile #			2607		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature Billy McNair — Month Day Year 11 14 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 11 14 04

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 3 0 4 8 — Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 10076357

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00021	Y	11 STREET 10121
b. WM Profile #			21.91	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		1	21	09

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy McNair		1	21	09

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		1	21	09

10070

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA 10076358

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	001	CM	00020	Y	11 STREET 107902
b. WM Profile #				TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 1/10/04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McClair | Signature | Month Day Year 1/12/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sharon Tatsch | Signature | Month Day Year 1/14/04

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS MANIFEST

73320

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. — 2. Page 1 of

A. Manifest Number WMNA 10076366

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 435-1800

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 108550
b. WM Profile #			21 4/4		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McHugh — Signature — Month Day Year 10 9 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Debbie Garrard — Signature — Month Day Year 10 07 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

76380

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10076364

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 108511
b. WM Profile #			22.85		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McPair — Signature — Month Day Year: 10/14/14

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year: 10/17/14

NON-HAZARDOUS MANIFEST

67000

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10076353

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAKE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00025	Y	11 STREET
b. WM Profile #			17.70		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 10/17/2007

INAC 2 75050

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA 10076367

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE CENTER REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00220	Y	11 STREET 107922
b. WM Profile #			22.35	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-297-1187

Purchase Order #

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS

Signature "On behalf of"

Month Day Year 10 20 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McKair

Signature

Month Day Year 10 20 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Signature

Month Day Year 10 20 04

MMC2 77420

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA 10076362

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1920

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 107900
b. WM Profile #			2 3.18	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-307-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS — Signature "On behalf of" — Month Day Year 1/01/2004

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature — Month Day Year 1/02/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 1/02/04

IVITC ~ 10160

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10076355

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THREE CENTERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 10868
b. WM Profile #			22.35	TNS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 10 20 07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McClair | Signature | Month Day Year 10 23 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] | Signature [illegible] | Month Day Year 10 24 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

60620

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10076356

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 435-1000

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 10/7/04
b. WM Profile #			15.13		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

Purchase Order #

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS

Signature "On behalf of"

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair

Signature

Month Day Year 10 21 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name

Signature

Month Day Year 21 OCT 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 2 1 9 3 4 9 — Manifest Document No. 2. Page 1 of

3. Generator's Name and Mailing Address
PEPSI-COLA
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5399

A. Manifest Number WMNA 10076387

4. Generator's Phone 256 831-0483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (256) 835-1030

E. State Transporter's ID

9. Designated Facility Name and Site Address EMELLE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 8 0 0 0 0 0 0 0

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 055400	001	DM	00025	Y	11 STREET 113095
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601 507-1157

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" | Month 1 Day 1 Year 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] | Signature [illegible] | Month 1 Day 2 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 9500625512

A. Manifest Number WMNA 10076393

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

C. State Transporter's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE BELT REGIONAL LANDFILL
2265 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00022	Y	11 STREET 113101
b. WM Profile #			11.02 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 1 0 2 3 0 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McMair — Signature — Month Day Year 1 0 2 3 0 4

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 1 0 2 3 0 4

INAC 2 68800

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4508675572

A. Manifest Number WMNA 10076392

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1300

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address — 10. US EPA ID Number
CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272
1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 107905
b. WM Profile #			1893	TONS	
c. WM Profile #					
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

Purchase Order #

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 1/10/25/01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature — Month Day Year 1/10/25/01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 1/10/25/01

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 1

A. Manifest Number WMNA 1076391

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (256) 835-1060

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

E. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CONNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 10/04
b. WM Profile #			15/2	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

Purchase Order #

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 10 25 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Bill McNair | Signature Bill McNair | Month Day Year 10 25 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry Jackson | Signature Sherry Jackson | Month Day Year 10 25 04

#1 TRANSPORTER #1 COPY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — 15006755 22

A. Manifest Number WMNA 10076395

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

C. State Transporter's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TAKE CORNER REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272
10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 107903
b. WM Profile #			16.30	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

Purchase Order #

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 10 24 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature — Month Day Year 10 24 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 10 24 96

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

A. Manifest Number WMNA 10076394

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

C. State Transporter's ID (256) 435-1400

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00020	Y	11 STREET 113/00
b. WM Profile #			10.55	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DAWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DAWN WILLIAMS — Signature "On behalf of" — Month Day Year 1/10/2014

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McClain — Signature — Month Day Year 1/10/15/2014

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 1/10/2014

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No. 450675522 — 2. Page 1 of

A. Manifest Number WMNA 10076425

3. Generator's Name and Mailing Address MONSANTO, 702 CLYDESDALE AVE., ANNISTON, AL 36201-5390

Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (256) 835 1300

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THREE CHIMNEYS REGIONAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 107901
b. WM Profile #			14.09	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 10/26/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair — Signature — Month Day Year 10/26/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry Jackson — Signature — Month Day Year 10/26/04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

68360

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 1

45367552

A. Manifest Number WMNA 10076422

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1000

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 107912
b. WM Profile #			18.52 Ton		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS

Signature "On behalf of"

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy McNair

Signature Billy McNair

Month Day Year 10 26 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Signature

Month Day Year

NON-HAZARDOUS MANIFEST

62240

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 1 — 450667522

A. Manifest Number WMNA 10076423

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET 107913
b. WM Profile #			15.76		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy McNair — Signature — Month Day Year: 11 06 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year: 11 07 07

11, AC2 60360

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of — 4506674422

A. Manifest Number WMNA 10076424

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

C. State Transporter's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 — G. State Facility's ID — H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	0 0 1	C M	0 0 0 2 0	Y	11 STREET 108551
b. WM Profile #			15.10	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above
Landfill _____ Solidification _____
Bio Remediation _____

K. Disposal Location
Cell Level
Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187
Purchase Order #

GENERATOR

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 10 26 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Billy McGair — Signature — Month Day Year 10 26 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

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

20. Facitilty Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Signature — Month Day Year 10 26 04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 4 0 1 9 0 4 8 — Manifest Document No. 10581

2. Page 1 of 1

A. Manifest Number WMNA 10076385

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835 1000

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address THREE COUNTIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			16.67	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above
Landfill _____ Solidification _____
Bio Remediation _____

K. Disposal Location
Cell Level
Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
Purchase Order #
EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS
Signature "On behalf of":
Month Day Year: 10 26 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Terrie Powers
Signature:
Month Day Year: 10 26 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed/Typed Name:
Signature:
Month Day Year: 11 01 26 01

MAC 1 55220

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 10576 2. Page 1 of 1 — 04506755 2

A. Manifest Number WMNA 10076386

3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1600

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: TAYLOR REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488	001	CM	00020	Y	11 STREET
b. WM Profile #			18.37	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

CERTIFICATE OF DISPOSAL REQUESTED

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

Purchase Order #

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 10 16 08

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] — Signature [signature] — Month Day Year 10 16 08

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name [illegible] — Signature [signature] — Month Day Year 10 16 08

MAC 1 67460

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No. 45816 — 2. Page 1 of — (150) 155-

A. Manifest Number WMNA 10076388

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID (256) 835-1000

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
[illegible] REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			18.02	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 1/10/2007

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] — Signature [illegible] — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. — Month Day Year

WMNA 1 66140

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD040190488 — Manifest Document No.

2. Page 1 of — 4508,75522

A. Manifest Number WMNA 10076411

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

C. State Transporter's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

D. Transporter's Phone (256) 835 1050

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			124.10	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above
Landfill _____ Solidification _____
Bio Remediation _____

K. Disposal Location
Cell Level
Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187
Purchase Order #

GENERATOR

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 10/27/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

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

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed/Typed Name — Signature — Month Day Year 10/27/04

MAC1 6 5700

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 4508675522

A. Manifest Number WMNA 10076412

3. Generator's Name and Mailing Address
HORSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID (256) 835-1900

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
EMELLE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488	001	CM	00020	Y	11 STREET
b. WM Profile #			16.20 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year 10/21/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year 10/21/04

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 4500775522

A. Manifest Number WMNA 10076426

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID — D. Transporter's Phone (256) 835-1000

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEROKEE COUNTY REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			12.39	Tons	
c. WM Profile #					
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year 1/10/2017

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name TERRIE EDWARDS — Signature — Month Day Year 1/10/2017

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year 1/10/2017

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
HONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5398

4. Generator's Phone 256 231-2443

A. Manifest Number WMNA 6076409

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 435-1030

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PIEDMONT MUNICIPAL LANDFILL
2235 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 4 2 0 0 0 6 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1841

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 076400	001	CM	00020	Y	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-987-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

133/59380

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 — Manifest Document No.

2. Page 1 of — 450675522

A. Manifest Number WMNA 10076407

3. Generator's Name and Mailing Address
ROHM AND HAAS
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231-2483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRI-CITIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 0F6489	001	CM	00020	Y	11 STREET
b. WM Profile #			13.19		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOWN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Marco Brasher				

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

60960 HS

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 8 4 0 1 9 4 2 — Manifest Document No.

2. Page 1 of — 450860755 22

3. Generator's Name and Mailing Address
MONSANTO
702 CLEVELAND AVE.
ANNISTON, AL 36201-5390

A. Manifest Number **WMNA** 1976405

B. State Generator's ID

4. Generator's Phone 256 231-6493

5. Transporter 1 Company Name
PATH OF COMMUNICATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE GROVE REGIONAL LANDFILL
2265 COUNTY ROAD 6
EVERGREEN, AL 36272

10. US EPA ID Number A L D 0 0 8 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1981

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comm
a. NON CONTAMINATED SOIL AND DEBRIS WM Profile # 154489	001	CM	00020	Y	11 STREET
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-987-1197

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or a applicable state law, have been fully and accurately described, classified and packaged, and are in proper condit for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of" — Month Da 1/6/2

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Da 1/6/2

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Da

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Da 1/6/2

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: ALD 0 0 4 0 1 9 0 4 8 — Manifest Document No.:

2. Page 1 of — 4508675526

3. Generator's Name and Mailing Address:
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

4. Generator's Phone: 256 231-8483

A. Manifest Number: WMNA 10076414

B. State Generator's ID:

5. Transporter 1 Company Name: TAYLOR CORPORATION

6. US EPA ID Number:

C. State Transporter's ID:

D. Transporter's Phone: (256) 835-1000

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: PINE HILL REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			17.91	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 10/28/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

TCW 8/5960

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 450867552 22

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10076406

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PIEDMONT LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	001	CM	00020	Y	11 STREET
b. WM Profile #			14.36		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

67300

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 — Manifest Document No.

2. Page 1 of — 4506755224

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10076410

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number — C. State Transporter's ID — D. Transporter's Phone (256) 835-1800

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address THREE COURTS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000 — G. State Facility's ID — H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	CM	00020	Y	11 STREET
b. WM Profile #			18.01		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS — Signature "On behalf of" — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year 10-1-17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

GENERATOR

TRANSPORTER

FACILITY

133 65580

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — #50067552

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10076405

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1088

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			17.15	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	23	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Marco Brasher		10	23	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

134/71/72D

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALPPPAPPPPPPPP Manifest Document No. 5D5[illegible]

2. Page 1 of 1

A. Manifest Number WMNA 10095430

3. Generator's Name and Mailing Address
ADEM/LUST
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

B. State Generator's ID

4. Generator's Phone 256 231 8403

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address [illegible] LANDFILL
2205 COUNTY ROAD E
ATTENBORO, AL 36272

10. US EPA ID Number 1 0 0 0 0 0 3 0 0 0 3

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 0F5488	1 0	1	2 0	T	11 STEPS
b. WM Profile #			2 0 . 1	1	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

123/ 1120

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004013048 Manifest Document No. 450867552

2. Page 1 of

3. Generator's Name and Mailing Address
PEMSTAR
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 00837810 4

4. Generator's Phone 256 831-8483

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address AL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 0 0 1 [illegible] M	0 0 1	C M	0 0 0 2 0	Y	11 STREET
b. WM Profile #			12.57	T	11120
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOWN WILLIAMS				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Blanco Brasher				

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]			

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

71310

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | 4502673427

3. Generator's Name and Mailing Address
PRAXAIR INC
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5398

4. Generator's Phone 256 231-9483

A. Manifest Number **WMNA** 4007641 3

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 831-1500

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 | 10. US EPA ID Number: 1 0 0 2 8 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1891

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF1460	1	M	00020	Y	11 STREET
b. WM Profile #			17.01		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tyler Gaugh | Signature | Month Day Year: 7 / 21 / 11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 3 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 0076421 10076421

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1883

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HILL REGIONAL LANDFILL
2285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1981

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCE CONTAMINATED SOIL AND DEBRIS WM Profile # CFS-400	001	CM	00020	Y	10769 11th St. Pitch
b. WM Profile #					
c. WM Profile #			5.76	Tons	
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	20	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
BILLY MCRAE		10	20	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		10	20	04

MAC 1 67300

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 4307 6415

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name TAYLOR CONSTRUCTION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEROKEE COUNTY REGIONAL LANDFILL
2295 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1081

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 054490	001	CM	00023	Y	11 SHEET
b. WM Profile #			15.05	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: JOHN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
JOHN WILLIAMS		10/31/97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
TAYLOR CONSTRUCTION	Taylor Construction	11/3/97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
Sherri Jackson	Sherri Jackson	11/4/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD 0 8 4 0 1 3 0 4 3 — Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 3076416

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR TRANSPORTATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL LANDFILL
2305 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 6210WM					11 STREET 10 X 5 1/2
b. WM Profile #			24.89 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: JOHN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

GENERATOR

Printed/Typed Name JOHN WILLIAMS — Signature "On behalf of" — Month Day Year 10 1 10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Terrie Gowan — Signature — Month Day Year 10 10 10

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Sherry Tucker — Signature — Month Day Year 10 10 10

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8463

A. Manifest Number WMNA 4076417

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1990

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 5
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1841

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 6F5489	001	CY	00220	Y	11 STREET
b. WM Profile #			22.5 Tons		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS		10	02	07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		10	02	07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		10	04	07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004019048 Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
782 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-0493

A. Manifest Number WMNA 4076419

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR LOGISTICS

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE STRAW REGIONAL LANDFILL
6805 COUNTY ROAD 5
PIEDMONT, AL 36272

10. US EPA ID Number ALD982090909

G. State Facility's ID

H. Facility's Phone 256/447-1851

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. NOP CONTAMINATED SOIL AND DEBRIS WM Profile # CFSNM	001	CM	20000	T	11 STREET 107903
b. WM Profile #			21.47	T	
c. WM Profile #					
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill

Solidification

Bio Remediation

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-897-1197

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DOWN WILLIAMS		1	1	17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Torrie Gowan		1	11	17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		1	11	17

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004017048 — Manifest Document No.

2. Page 1 of — 4508615522

3. Generator's Name and Mailing Address
SHAW
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-6483

A. Manifest Number WMNA 1076420

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address CHEMICAL LANDFILL
2005 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CPC-00	001	CM	00012	T	11 STREET 10/551
b. WM Profile #			11.55	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DAWN WILLIAMS 601-607-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DAWN WILLIAMS — Signature "On behalf of" — Month Day Year: 1/1/07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Terry Tomm — Signature: Terry Tomm — Month Day Year: 1/1/07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Tolbert — Signature — Month Day Year: 1/1/07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of

3. Generator's Name and Mailing Address
NUCOR-JSIP
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

4. Generator's Phone 256 831-9403

A. Manifest Number **WMNA** 4085419

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
TRACE CREEK REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056400	001	DM	00030	Y	11 STREET 10PM25
b. WM Profile #			20 04		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
DONN WILLIAMS		

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Billy McCrary		11 1 19

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month Day Year
[illegible]	[illegible]	11/4/19

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

73940

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004012044 Manifest Document No. 73940

2. Page 1 of 1

450X6732

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10085427

B. State Generator's ID

4. Generator's Phone 256 231-8483

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1600

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
~~PINE CORNERS REGIONAL~~ LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS488	0 0 1	D	0 0 0 2 0	Y	11 STREET 107924
b. WM Profile #			2/13		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DONN WILLIAMS	"Monsanto"			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
TERRY GOWAN		1 1	2	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name Signature Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-8443

A. Manifest Number WMNA 10035421

B. State Generator's ID

5. Transporter 1 Company Name: TAYLOR LOGISTICS | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: PINE GROVE REGIONAL LANDFILL
5005 COUNTY ROAD 5
PIEDMONT, AL 36272 | 10. US EPA ID Number: 1 0 0 2 0 0 0 0 0 0 0 3

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 054480	1		1	Y	11 STREET 107023
b. WM Profile #			1.25	TNS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

GENERATOR

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tootie Gowan | Signature: Tom Dellee | Month Day Year 11 13 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Jackson | Signature | Month Day Year 11 13 07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD000818245 — Manifest Document No. 12 — 2. Page 1 of 1 — 40X675LL

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5330

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 00 1035420

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (256) 835-1093

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
PINE GROVE REGIONAL LANDFILL
2205 COUNTY ROAD 6
CENTREVILLE, AL 35042

10. US EPA ID Number 1 0 0 2 0 0 3 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1041

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # OF5486	001	DM	00020	T	11 STREET 107108
b. WM Profile #			16.21		
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DOWN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Billy Mcmahon — Signature — Month Day Year 12 23 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. [illegible] Manifest Document No. [illegible]

2. Page 1 of 1

3. Generator's Name and Mailing Address
PERMANENTE
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone 256 231-0483

A. Manifest Number WMNA 10085446

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE GROVE REGIONAL LANDFILL
3285 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # [illegible]	001	DM	00013	Y	11 STREET 10X5M
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name DONN WILLIAMS | Signature "On behalf of" | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name | Signature | Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L P 0 0 A P 1 2 0 4 8 5 4 1 1 — Manifest Document No. — 2. Page 1 of 1 — 4503679502

3. Generator's Name and Mailing Address
PRINCIPAL
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

4. Generator's Phone (256) 231-3443

A. Manifest Number WMNA 00243035418

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE HILL REGIONAL LANDFILL
2265 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490	0 0 1	D	0 0 0 2 2	Y	11 STREET 07/14
b. WM Profile #			30 YDS	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year: 1/1/2014

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Billy Miller — Signature — Month Day Year: 1/1/2014

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Sherry Jackson — Signature — Month Day Year: 1/1/2014

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L D 9 8 1 9 9 8 5 3 1 7 — Manifest Document No. 8 5 1 1 7 — 2. Page 1 of 1 — 1130667GEO2

3. Generator's Name and Mailing Address
HONDA MFG
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 0005435415

B. State Generator's ID

4. Generator's Phone 256 231-5493

5. Transporter 1 Company Name TAYLOR CORPORATION — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address PINE RIDGE REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272 — 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1891

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 058400	001	DM	00019	T	11 STREET 12TH
b. WM Profile #			19.35	Tons	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DAWN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
DAWN WILLIAMS		1	17	07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Billy Mahair		1	17	07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name	Signature	Month	Day	Year
Sherry Jackson		1	17	07

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD980418228 Manifest Document No.

2. Page 1 of 1 — 450867552

3. Generator's Name and Mailing Address
MONSANTO
702 CL/DESDALE AVE.
ANNISTON, AL 36201-2990

4. Generator's Phone 256 231-8483

A. Manifest Number WMNA 1085416

B. State Generator's ID

5. Transporter 1 Company Name TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address MUNICIPAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number ALD980620820

G. State Facility's ID

H. Facility's Phone 256/447-1831

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CERCLA	001	DM	00001	Y	11 STREET 10851
b. WM Profile #			1851	TONS	
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DOWN WILLIAMS 601-607-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DOWN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name — Signature — Month Day Year

CWM - NHM - 1 - 5/97

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

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

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. A L P P P A P P P

WM WASTE MANAGEMENT — NON-HAZARDOUS MANIFEST

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

83520

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. ALD004018048 — Manifest Document No. 48867522

2. Page 1 of 1

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10085407

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (256) 835-1800

E. State Transporter's ID

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400	001	DM	00023	Y	#95779 11 STREET Dry Bore material
b. WM Profile #			26.14		
c. WM Profile #					UNLOADING IN & OUT
d. WM Profile #					

GENERATOR

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order #

EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of": Donn Williams — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Torrie Rowan — Signature: Torrie Rowan — Month Day Year: 1 4 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: John Gaultney — Signature: John Gaultney — Month Day Year: 04 14 05

M - NHM - 1 - 5/97

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

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

55960

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 — Manifest Document No.

2. Page 1 of 1 — 450867527

3. Generator's Name and Mailing Address
MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201-5390

A. Manifest Number WMNA 10085409

4. Generator's Phone 256 231-8483

B. State Generator's ID

5. Transporter 1 Company Name
TAYLOR CORPORATION

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (256) 835-1800

E. State Transporter's ID

9. Designated Facility Name and Site Address
THREE COUNTIES REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 8 0 3

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 256/447-1881

	11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
GENERATOR a.	PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CE6488	001	DM	00000	Y	944891 11 STREET Dry Bore Material
b.	WM Profile #			12.39		
c.	WM Profile #	weighed in & out				
d.	WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill _____ Solidification _____

Bio Remediation _____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: DONN WILLIAMS — Signature "On behalf of" — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Torrie Fowler — Signature — Month Day Year: 1 1 5 0 5

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

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

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

Printed/Typed Name: Tom Garofalo — Signature — Month Day Year: 05 JAN 05

WM - NHM - 1 - 5/97

May 12, 2005

COMPLETION REPORT
Volume II of III
Appendices G-J

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama

ROUX ASSOCIATES, INC.

Environmental Consulting & Management

1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX G

TSCA WASTE MANIFESTS

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

TRL 134 TRL 327 Box A-52

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256) 231-4483

A. State Manifest Document Number: CWMA 956683

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALD000627237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531105-9941 CWM Profile # CM0079	001	CM	16330	K	PCB A-52
b. Disposal Approval # CWM Profile #			0 10/14/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
N OUT OF SERVICE DATE: 10/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. V c. b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 115 feet North
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN0171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS — Signature — Month 10 Day 11 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bobby Eustice — Signature — Month 10 Day 12 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
Corrected wt per Mickie Sweeden per Donn Williams. OK 10/14/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: James E. Meadows — Signature — Month 10 Day 12 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

163 94

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | P | T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956682

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A | L | R | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone (800) 225-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 255196-CWM CWM Profile # CWM373	021	CM	12000	K	PCB A-310
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) LBS OF SERVICE WATER (slight)

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th Street Ditch

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CONTRACT 171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		1	9	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Sean Farrow		1	0	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

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	Signature	Month	Day	Year
JAMES E. MANN		1	12	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956681

B. State Generator's ID:

4. Generator's Phone (256 231-4483)

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 0 7 2 3 7

C. State Transporter's ID:

D. Transporter's Phone: (AMD) 224-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 2C310K-CWM1 CWM Profile # CWM879	001	CM	15658		PCB AE166
b. Disposal Approval # CWM Profile #			10/14/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT TIME OF SERVICE DATE: 10/12/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRD8171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JAMES Parker	James Parker	10	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Corrected wt. per mike Sweller
Per Donn Williams. OK 10/14/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Irma Mc.	Irma Mc.	10	14	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

IK 139 TR2378 A74

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8463

A. State Manifest Document Number: CWMA 956686

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (2000) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 2053105-3241 CWM Profile # CWM879	001	CM	15577	K	PCB A-74
b. Disposal Approval # CWM Profile #			0 10/19/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/13/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: W. U 1/street hatch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGN171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		10	13	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bobby Eustice		10	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD entered per Sandra Reeves 10/13/04 EJ
Corrected ltr. per Donn Williams
Via Michele Shedlar Ok. 10/15/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Donna Cole	Donna Cole	10	19	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956685

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number
A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number
A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 87265-BUL CWM Profile # CWM79	001	CM	20000	K	PCB 167769
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
PI OUT OF SERVICE DATE: 10/13/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DOUG WILLIAMS — Signature — Month 10 Day 13 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL HALE — Signature: Michael Hale — Month 10 Day 13 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
DSD 10/13/04 27 voided see 1 per Sandra Reeves

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E X E M P T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

4. Generator's Phone (256 231-0483

A. State Manifest Document Number CWMA 956684

B. State Generator's ID

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8645

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 8C3105-9PAI CWM Profile # CM0379	0 0 1	C M	1 2 0 0 0	K	PCB
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ END OF SERVICE DATE: 10/13/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th street hitch
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EMGN171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	13	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley	Jerry Farley	10	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD 10/13/04 TT
added Sec J per Sandra Reeves

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		10	13	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) LD #163852 Box IM-85-013-OT

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4447

A. State Manifest Document Number: CWMA 956687

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 7 6 2 3 7

C. State Transporter's ID

D. Transporter's Phone (AAAA) 256-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # EMELLE-WAY CWM Profile # CWM73	001	CM	21283	P	PCB 25013
b. Disposal Approval # CWM Profile #			OS 10/19/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
01 OUT OF SERVICE DATE: 10/14/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 sheet inlet
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EMGN171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA -- DONN WILLIAMS — Signature — Month 10 Day 14 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Thomas — Signature — Month 10 Day 14 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space 1 USD added per Donna receipt 10/19/04 JPC
Correct/ots per Donn Williams
Vicki Miller Emelle, Ala 10/19/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4483

A. State Manifest Document Number: CWMA 956671

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007287

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-4545

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210N-SDAL CWM Profile # CWS675	001	CM	12000	K	PCB 107770
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
a) OUT OF SERVICE DATE: 10/19/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE Ditch
LOCATION:
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Tammy Ray		10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD added Sec I per Sandra Reeves 10/19/04 EJ

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Don Williams	Don Williams	10	19	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 10772

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 66612

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201
Or 10/21/04

4. Generator's Phone (256 231-8483

A. State Manifest Document Number CWMA 956672

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723 7

C. State Transporter's ID

D. Transporter's Phone (800) 220-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 957196-SDI CWM Profile # 26879	001	CM	11512 LBS OR 10/21/04	K	PCB
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE RATE
10/19/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA POW SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENGM171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Doug Smith	Doug Smith	10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space 250 gallons per sample rec'd 10/19/04 EJ
Mikel Sweeter sent email to correct wt. + add Doc # On 10/21/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Month	Day	Year
Inna Crume	Inna Crume	10	21	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT

Manifest Document No.: 156670

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 956670

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000097237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 1R3186-0241 CWM Profile # CWM273	001	CM	14860	K	PCB 25015
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/19/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. I c. b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
James Pike	James Pike	10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Material Shipped per approved WMOSD added Sec J per Sandra Reeves to correct w/ on MF + Add Dept 0.1PL 10/19/04 10/19/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Ann Cole	Ann Cole	10	20	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956669

B. State Generator's ID

4. Generator's Phone (256 231-4443

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000002737

C. State Transporter's ID

D. Transporter's Phone (800) 228-4445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 88310E-9241 CWM Profile # CWM879	001	CM	16539	P	PCB 12504
b. Disposal Approval # CWM Profile #			2 10/25/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ OUT OF SERVICE DATE: 10/20/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION:
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	20	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
FELTUS HAMM		10	20	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Mike Sunder gave COSP per Sandra Cain 10/21/04 ST
authorization to correct wt on
WIF for Dawn Williams 10/25/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	01	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164522

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 2M 25007 PCB OT

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 955668

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8443

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 95W106-7241 CWM Profile # CWM473	001	CM	12000	K	PCB 25007
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
RQ DOT OF SERVICE DATE: 10/20/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: Ditch
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - JOHN WILLIAMS — Signature — Month Day Year: 10 20 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley — Signature — Month Day Year: 10 20 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space: COD per Solutia Phone 10/21/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year: 10 21 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164523 Box 2M 25004 07

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 6006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number CWMA 956666

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 205/652-9721

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05310S-NRAL CWM Profile # [illegible]	001	CM	13,581	K	PCB 25004
b. Disposal Approval # CWM Profile #			10/27/04	S/R	
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/21/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. ✓ c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CBGM171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	21	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley	Jerry Farley	10	21	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space 550 added per Sandy Reese
Corrected weight on manifest per Michele Lingerfelt per Dawn Williams
10/27/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible] CWM	[illegible]	10	27	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | D | T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956667

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

B. State Generator's ID

4. Generator's Phone (256 231-4443

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: | A | L | R | 0 | 0 | 0 | 0 | 5 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 8731RS-9241 CWM Profile # PMSE75	004	CM	12000	K	PCB A52
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE 10/21/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA POD SITE
LOCATION: Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENGM171

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS		10	21	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	10	21	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD added per Martin Brown 10/21/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		10	21	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box # 1 of 2 #0164524

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 56665

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956665

B. State Generator's ID

4. Generator's Phone (256 231-4483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (AMG) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210S-HAM1 CWM Profile # CWM79	001	CM	10,533	P	PCB 2502
b. Disposal Approval # CWM Profile #			10/27/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/22/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 1st Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENS#171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS		10	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
TERRY ADAMS		10	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space GSD added on Sunday DP 10/27/04
Corrected weight on manifest per Mikela Stoeller per Don Williams 10/27/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 51604

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number CWMA 956664

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224646

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	10000	K	PCB 2509
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/22/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. A c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: [illegible] Ditch
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS — Signature: [signature] — Month Day Year: 10 22 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: FRANKIE SOUTH T — Signature: [signature] — Month Day Year: 10 22 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OSD in Sundries Recvd 10/22/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 10 22 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164526 Box A-12

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 51601 14

2. Page 1 of 1.

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number CWMA 956674

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 288-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 955186-SEAL CWM Profile # CWM874	001	CM	16819	K	PCB A-12
b. Disposal Approval # CWM Profile #			0 10/26/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE GATES
10/26/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: Big Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS	Dawn Williams	10	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry - Farley	Jerry Farley	10	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Correct per Dawn Williams via Mike Sneddon Envt. on 10/26/04
OSD added per Sandra Rees 10-5-04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Tina Wilkes	Tina Wilkes	10	25	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 566615

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-6443

A. State Manifest Document Number: CWMA 956675

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-6445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID: 2650

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9731BG-RAC CWM Profile # CNWM79	001	CM	13871	K	PCB 2504
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/25/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 St. Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EN6W171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS — Signature — Month 10 Day 22 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley — Signature — Month 10 Day 22 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
Correct per Mikel Sweatman
per Donn Williams 10-25-04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 956688

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number: CWMA 956688

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9M3105-IMD CWM Profile # CWM173	001	CM	12000	K	PCB 25001
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ DOT OF SERVICE DATE 10/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: / Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN1171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: SOLUTIA - DAWN WILLIAMS — Signature — Month 10 Day 23 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farlow — Signature — Month 10 Day 23 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OSD per Jordan Keene 10/24/04 BP

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 566713

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256) 231-8483

A. State Manifest Document Number: CWMA 956673

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 0735NE-BMI CWM Profile # CWM875	001	CM	8673	K	PCB 107772
b. Disposal Approval # CWM Profile #			On 10/26/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) DOT OF SERVICE DATE: 10/25/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DON WILLIAMS
Signature: D. Williams
Month Day Year: 10 25 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy Jones
Signature: Randy Jones
Month Day Year: 10 25 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space
Correct wt per Don Williams. On 10/26/04 10/25/04 ET
OS Dadded see J per Sandra Reeves
Final Bulk Shipment

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Emma T 10/26/04
Signature: Emma Taylor
Month Day Year: 10 25 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

LH 104983

WM HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

BOX 107770

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | P | T | | | | | | | Manifest Document No. 50057

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address MONSANTO-SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956657

B. State Generator's ID

4. Generator's Phone (256 231-0443

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A | L | D | 9 | 8 | 0 | 8 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 761186-5741 CWM Profile # CWM79	001	CM	9008	W	PCB 107770
b. Disposal Approval # CWM Profile #			11/5/04SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
1) OUT OF SERVICE DATE: 10/26/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CONTRACT 171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS | Signature | Month 10 | Day 26 | Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley | Signature | Month 10 | Day 26 | Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month | Day | Year

FACILITY

19. Discrepancy Indication Space OSD per Donn Williams 11/4/04 ST
Corrected weight per Donn Williams 11/5/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name | Signature | Month 11 | Day 04 | Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 165293 Blue Box 107774

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 956659 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto - SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8493

A. State Manifest Document Number CWMA 956659

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000072737

C. State Transporter's ID

D. Transporter's Phone (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 97305-9911 CWM Profile # 000079	001	CM	9390	K	PCB 107774
b. Disposal Approval # CWM Profile #			11510452		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/29/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGM171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Williams	10	29	04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley	Jerry Farley	10	29	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space
OSD added Sec J per Don Williams 11/4/04 ET
Corrected Weight per Don Williams 11510452R

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	04	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 0165296 Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 5604 JC

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956676

B. State Generator's ID:

4. Generator's Phone (256) 231-2401

5. Transporter 1 Company Name: ROLLINS ENVIRONMENTAL, INC.

6. US EPA ID Number: A L R 0 0 0 0 5 7 2 3

C. State Transporter's ID:

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	00015	K	PCB 107772
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/30/04
State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: [illegible] DIKE
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS	[signature]	11	03	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bobby Eustice	Bobby Eustice	11	03	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD exhibit Sec 3 per Dana Williams 11/4/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]			

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

LD 165294 Old Box 107775

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT Manifest Document No. 956658

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956658

B. State Generator's ID

4. Generator's Phone (256 231-0483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 4E3105-4241 CWM Profile # CWM75	001	CM	18836 LBS	K	PCB 107775
b. Disposal Approval # CWM Profile #			11/5/04 S/R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE!
10/30/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA -- DON WILLIAMS
Signature: Don Williams
Month 10 Day 30 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley
Signature: Jerry Farley
Month 10 Day 30 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

FACILITY

19. Discrepancy Indication Space
DSP updated see 3 per Don Williams 11/4/04 EJ
Corrected weight per Don Williams 11/5/04 S/R

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Box 107773

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 95655

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956656

3. Generator's Name and Mailing Address
SOLUTIA, INC. (Monsanto)
702 CLYDESDALE AVE.
ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8403

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 07864-CWM CWM Profile # CWM79	001	CM	12000	K	PCB Box 107773
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AJ OUT OF SERVICE DATE: 11/2/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	02	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Randy Jones		11	02	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD DH Sundry Items
Add'l Location pr. H. Sundry 11/3/04 VL

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

A-13

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 956653 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto — SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956653

B. State Generator's ID:

4. Generator's Phone (256 831-8463

5. Transporter 1 Company Name: ACTION RESOURCE, INC. | 6. US EPA ID Number: ALR000007237 | C. State Transporter's ID | D. Transporter's Phone (800) 284-8445

7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility, Alabama Highway 17 at Mile Marker 163, Emelle, Alabama 35459 | 10. US EPA ID Number: ALD000622464 | G. State Facility's ID | H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	13844	K	PCB A-13
b. Disposal Approval # CWM Profile #			11/10/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: A) OUT OF SERVICE DATE: 11/4/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

Work Order #

ANNISTON AREA PCB SITE LOCATION: 11 Street

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRD0171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS	Down Williams	11	04	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Randy Jones	Randy Jones	11	04	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: USD PD PCB Solutia Wgt [illegible] Corrected weight per Down Williams 11/10/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	11	10	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 56062

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956662

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8403

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (888) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210-9041 CWM Profile # CWM79	001	CM	8872	K	PCB 2505
b. Disposal Approval # CWM Profile #			11/5/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ UNIT OF SERVICE DATE: 11/4/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS
Signature
Month Day Year: 11 04 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Chris Jacob
Signature
Month Day Year: 11 04 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space: OSD added Sec J per Don Williams 11/4/04 ET
Corrected weight on Manifest per Dawn Williams 11/5/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 5W694

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956646

3. Generator's Name and Mailing Address: SOLUTIA, INC. (Monsanto) 702 CLYDESDALE AVE. ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8483)

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8945

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID: 20

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	18519	P	PCB 107769
b. Disposal Approval # CWM Profile #			11918 45R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: AT TIME OF SERVICE DATE: 11/5/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. C b. c. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

Work Order #

ANNISTON AREA HOT SITE LOCATION: 11th Street

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DON WILLIAMS — Signature: [signature] — Month 11 Day 05 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Chris Jossa — Signature: [signature] — Month 11 Day 05 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space: USD per Don Williams 11/5/04 ST Corrected weight per Don Williams 11/9/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name [illegible] — Signature [signature] — Month 11 Day 09 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 51071

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4443

A. State Manifest Document Number CWMA 956641

B. State Generator's ID

5. Transporter 1 Company Name
ACTION RESOURCE, INC

6. US EPA ID Number | A | L | R | 0 | 0 | 0 | 0 | 7 | 2 | 3 | 7 |

C. State Transporter's ID

D. Transporter's Phone (205) 295-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4 |

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05315-NRAI CWM Profile # CHM79	001	CM	12000	K	PCB 11309
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) UNIT OF SERVICE DATE:
B) 11/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA DISPOSAL SITE
LOCATION: 11th St.

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CCN#171

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Wm	11	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Herbert Mayfield	Herbert Mayfield	11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
corrected name per Don Williams 11/15/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Linda Cole	Linda Cole	11	15	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 956642

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

A. State Manifest Document Number CWMA 956642

B. State Generator's ID

4. Generator's Phone (256) 231-8483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 953106-GA1 CWM Profile # CWM179	001	CM	10587	K	PCB 107770
b. Disposal Approval # CWM Profile #			11151045R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT TIME OF SERVICE DATE: 11/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA (PCB SITE) LOCATION: 11th St.
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGM171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	12	2004

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Herbert Martin	Herbert Martin	11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space Added OSD & Corrected Generator Name per Dawn Williams
Corrected weight per Dawn Williams 11151045R
RT/AC 11/12/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 41754

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
Monsanto 702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299754

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 6852186-9241 CWM Profile # CWM379	a	b	10,025	k	PCB 10773
b. Disposal Approval # CWM Profile #			11/16/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
RQ OUT OF SERVICE UNIT 11/15/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 2 c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: 11th Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	15	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	15	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
see J. 11/15/04 RT
QSD added per Donn Williams
Corrected weight per Donn Williams 11/16/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	15	04

EPA Form 8700-22 (Rev. 10-94). Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT | Manifest Document No.: 99158

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299758

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226446

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 953186-9241 CWM Profile # CWM875	001	CM	12000	K	PCB 107769
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NO LOT OR SERVICE DATES
11/18/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON ARE/PCB SITE
LOCATION: 11th Street

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS | Signature | Month 11 Day 18 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Richard Thomas | Signature | Month 11 Day 18 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space: CO added per Dawn Williams 11/23/04 SAL

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299757

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299757

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 220-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 857186-9941 CWM Profile # CM9879	001	CM	12000	K	PCB 107774
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 11/18/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c. b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 17th Street
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Williams	11	18	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	18	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD ppk Don Williams 11/22/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 99130

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

4. Generator's Phone (- 256 231-8483

A. State Manifest Document Number: CWMA 299750

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000737

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210C-BF41 CWM Profile # CWM879	001	CM	12000	K	PCB 11301
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: RQ OUT OF SERVICE DATES 11/21/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. L c. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA POLYSITE LOCATION: Stuart

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	21	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler		11	21	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: CSP added per Donna Williams 11/22/04 EJ CSP on file 11/22/04 EJ

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299766

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299766

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID:

D. Transporter's Phone: (850) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 7, UN2315, PGIII Disposal Approval # 96DHW-214 CWM Profile # CWM079			9117		PCB 107776
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NJ UNIT OF SEVERAL LINES
11/22/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 street Ditch 2
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS	DWilliams	11	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Sam Arrow	Sam Arrow	11	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space NO State Y & M. Copy w/ corrected Bill of Lading
OSD added per Dawn Williams 11/22/04 ET letter on file.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Anne Carr	Anne Carr	11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 107775

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 362012004

4. Generator's Phone (256 231-8403

A. State Manifest Document Number: CWMA 299760

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000727

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531196-9241 CWM Profile # CM8673	001	M	10587 LB-DRUM		PCB 107775
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AL OUT OF SERVICE LINE1
11/23/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE 14th Street
LOCATION:

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD called per Rex Williams 11/23/04 CT
per 13 conv. fax & email

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto — SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 299764

4. Generator's Phone (256 231-8483)

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05310B-9241 CWM Profile # CM9079	001	CM	55000	K	PCB 113095
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

AL OUT OF SERVICE DATE: 11/23/04

J. Additional Descriptions for Materials Listed Above

State of Generation AL

K. Handling Codes for Wastes Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA PCB STATE LOCATION: 14th Street

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month Day Year
SOLUTIA - DONN WILLIAMS		11/12/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Doug Smith	Doug Smith	11/12/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Discrepancy Indication Space

USD added Don Williams SM 11/23/04

WY: emailed per Email PA 11/24/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete. GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299763

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 225-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 053106-9241 CWM Profile # CM3079	001	CM	12000	K	PCB 25013
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATES
11/23/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
ANNISTON AREA PCB SITE
LOCATION: Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	23	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Doug Smith		11	23	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD Received per Dawn Williams 11/23/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	23	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 49115

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-0403

A. State Manifest Document Number CWMA 299751

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000727

C. State Transporter's ID

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05318G-9241 CWM Profile # CM9079	001	CM	10478	K	PCB 23176
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 11/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: 11th Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	23	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Scott Fixton		11	23	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSP added Sent per Donn Williams 11/23/04
letter on file ET Sep. 13 con. per Email

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 99152

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299752

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05318G-XPAI CWM Profile # CWMA79	001	CM	12000	K	PCB A-82
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NOT OF SERVICE DATE: 11/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. /
c.
b.
d.

15. Special Handling Instructions and Additional Information
Purchase Order #
ANNISTON AREA PCB SITE
LOCATION: 1st Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS	Donn Williams	1	1	23 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler	Jason Fowler	1	1	23 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD added per Donn Williams, letter on file 11/23/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Donn Williams	Donn Williams	1	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 99765

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-0483

A. State Manifest Document Number: CWMA 299765

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 863186-9241 CWM Profile # CM9879	001	CM	8292	L	PCB 23012
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

AT OUT OF SERVICE DATES

J. Additional Descriptions for Materials Listed Above: 11/24/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: H Street

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CMGM171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	24	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler		11	24	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: OSD Added per Don Williams. 11/24/04
Sec 13 corrected per Betty

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 11/6/24

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299762

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MONSANTO SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

A. State Manifest Document Number: CWMA 299762

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000008723

C. State Transporter's ID

D. Transporter's Phone (800) 220-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531866-9041 CWM Profile # CWM979	001	CM	12000	K	PCB 23347
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NJ OUT OF SERVICE DATES: 11-24-04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
LOCATION: ANNISTON AREA PCB SITE 5th Street
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas		11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
USD pm Non Williams 5th/5th ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Mike Cole	Mike Cole	11	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 167154

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 299748

B. State Generator's ID

4. Generator's Phone (256 231-4403

5. Transporter 1 Company Name ACTION RESOURCE, INC.

6. US EPA ID Number ALR000000723

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	DM	8510	K	PCB 1107125
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above — AV INT OF SERVICE DATE: 12/01/04

State of Generation AL

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA PCB SITE
LOCATION: Sweet

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name SOLUTIA - DON WILLIAMS — Signature [signature] — Month 12 Day 01 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Richard Thomas — Signature [signature] — Month 12 Day 01 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OS Dadded per Don Williams 12/1/04 ET
ser 13 Corrected per letter

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Emma Taylor — Signature [signature] — Month 12 Day 01 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

APPENDIX H

NON-HAZARDOUS DEBRIS MANIFESTS

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30454

GENERATOR

Generator Name Taylor Soliting

Generating Location Soliting

Address

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack L

Transporter Name TWT

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McMeans 8-13-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # BA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Thor D. Ty 8-13-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30452

GENERATOR

Generator Name Taylo Corp
[redacted] Solutia

Generating Location Solutia Property
Address Ducan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	24	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK L[illegible]D

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 10550
Transporter Name IWI 7:34
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-13-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-13-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30480

GENERATOR

Generator Name Taylor Corp Solitia

Generating Location Solitia

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mack 252

Transporter Name IWI 108550

Address Shingles

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McMan

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McMain 8/14/04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Hay 8-14-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30481

GENERATOR

Generator Name Taylor Corp
Solutia Job

Generating Location Solutia
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Containers Quantity	Units	No.	Type
Cross ties Fence	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 135
Transporter Name IWI 085419
Address Shingles

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McKay
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKay 8-14-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30482

GENERATOR

Generator Name ~~[illegible]~~ Taylor Corp
Solidfiq JEB

Generating Location Solidfiq
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Fence crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mack 1 9:55
Transporter Name IWI 108550
Address crossties

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-14-04
Driver Signature — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES ✓ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30478

GENERATOR

Generator Name Taylor Corp Solivia

Generating Location Solivia

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 10:05

Transporter Name IWI 108550

Address Railroad Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

8-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30467

GENERATOR

Generator Name Taylor Corp Saint Paul Job

Generating Location Schlitz

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
cross ties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack I 1:30

Transporter Name IWI 107900

Address Rail Road Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-17-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Gay 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30468

GENERATOR

Generator Name Taylor Corp Soliciting Job

Generating Location Soliciting
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Cross ties	22	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 12:39
Transporter Name FWI 108550
Address Railroad Ties

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McKee
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKee 8-17-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Hay 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30470

GENERATOR

Generator Name Taylor Corp. Sylacauga Fab

Generating Location Sylacauga

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Cross-ties	22	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mach 1 9.00

Transporter Name JWI 10549

Address Rail Road Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair — Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair — Driver Signature | 8-17-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-17-04 — Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30518

GENERATOR

Generator Name Ill St. Ditch

Generating Location

Address

Phone No.:

Phone No.:

IWI CODE:

Containers 20

Description of Waste	Quantity	Units	No.	Type
Cross-ties	19	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack I

Transporter Name I L I

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 9/27/04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 9-27-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30672

GENERATOR

Generator Name ~~[illegible]~~ Taylor Corp
Solutia
Phone No.:
IWI CODE:

Generating Location ~~[illegible]~~ 11th St,
Address
Phone No.:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	35	~~C~~ T	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2
Transporter Name Taylor Corp
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Bobby McKay — Driver Signature — 11-02-04 — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Bobby McKay — Driver Signature — 11-02-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-2-04 — Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30803

GENERATOR

Generator Name Taylor Corp
Generating Location 11th Street
Address
Phone No.:
Phone No.:
IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Crossties	23	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2
Transporter Name IWI
Address
Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair 11-16-04
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 11-16-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # 62

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-12-04
Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30804

GENERATOR

Generator Name Taylor Corp

Generating Location 11th Street

Address

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
crossties	15	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. MACK 1

Transporter Name JWJ

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature 11-12-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 11-12-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-12-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30801

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street

Address

Phone No.: Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	25	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2 Phone No.

Transporter Name IWI Driver Name (Print)

Address Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair 11-16-04

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 11-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

11-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30802

GENERATOR

Generator Name Taylor Corp.

Generating Location 11th Street

Address

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2

Transporter Name IWI

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McClain 11-16-04

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McClain 11-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # 32

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

11-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30546

GENERATOR

Generator Name Taylor Cor

Generating Location 11th Street

Address

Phone No.:

IWI CODE:

Phone No.:

Containers 30yrd

Description of Waste	Quantity	Units	No.	Type
Cross Ties	23	C	1	T

108548

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.

Transporter Name

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature 11-17-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 11-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30547

GENERATOR

Generator Name Taylor Corp.

Generating Location 11th

Address

Phone No.:

Phone No.:

IWI CODE:

Containers 40 yrd

Description of Waste	Quantity	Units	No.	Type
Cross Ties	35	C	1	T

107862

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.

Transporter Name

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Tonni Dan — Driver Signature — 11-17-04 — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Tonni Dan — Driver Signature — 11-17-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30548

GENERATOR

Generator Name Taylor Corp
Solutia
Phone No.:
IWI CODE:

Generating Location 11th Street
Address
Phone No.:

Containers 4 yard

Description of Waste	Quantity	Units	No.	Type
Crogstics	35	C	1	T

10/729

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.
Transporter Name
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature — 11-17-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature — 11-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30502

GENERATOR

Generator Name 11th St. Ditch

Generating Location _____

Address _____

Phone No.: _____

IWI CODE: _____

Phone No.: _____

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	22	C	1	T

30

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 2

Transporter Name IWI

Address _____

Phone No. _____

Driver Name (Print) Kevin Samples

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature _____ Shipment Date _____

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature _____ Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES ✓ NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date _____

APPENDIX I

AS-BUILT SURVEY

11th STREET DITCH
RESPONSE ACTION
"AS-BUILT"
SURVEY

ANNISTON, ALABAMA

PREPARED FOR :

MONSANTO COMPANY

LIST OF DRAWINGS

SHEET NUMBER	DRAWING TITLE
1	TITLE SHEET
2	"AS-BUILT" SURVEY
3	EXISTING AND PREVIOUS CROSS SECTIONS
4	EXISTING AND PREVIOUS CROSS SECTIONS
5	EXISTING AND PREVIOUS CROSS SECTIONS
6	DETAIL SHEET
7	DETAIL SHEET

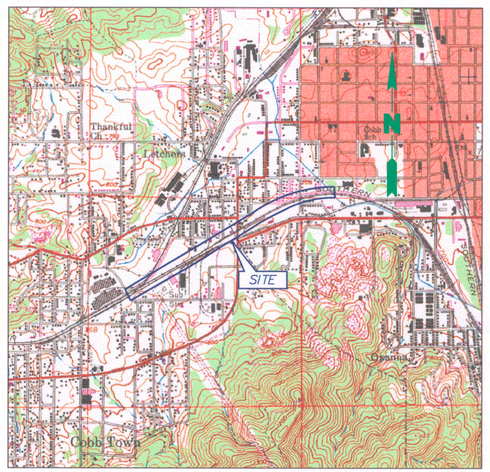
PREPARED BY :

TAYLOR LAND SURVEYING

Taylor Land Surveying Inc.
*Surveyors * Planners * Consultants*
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell

ALABAMA REGISTERED No. 25298 PROFESSIONAL LAND SURVEYOR SHAWN TAYLOR

NOT VALID WITHOUT RED SIGNATURE



SITE LOCATION MAP
1"=2,000'

FEBRUARY 2005

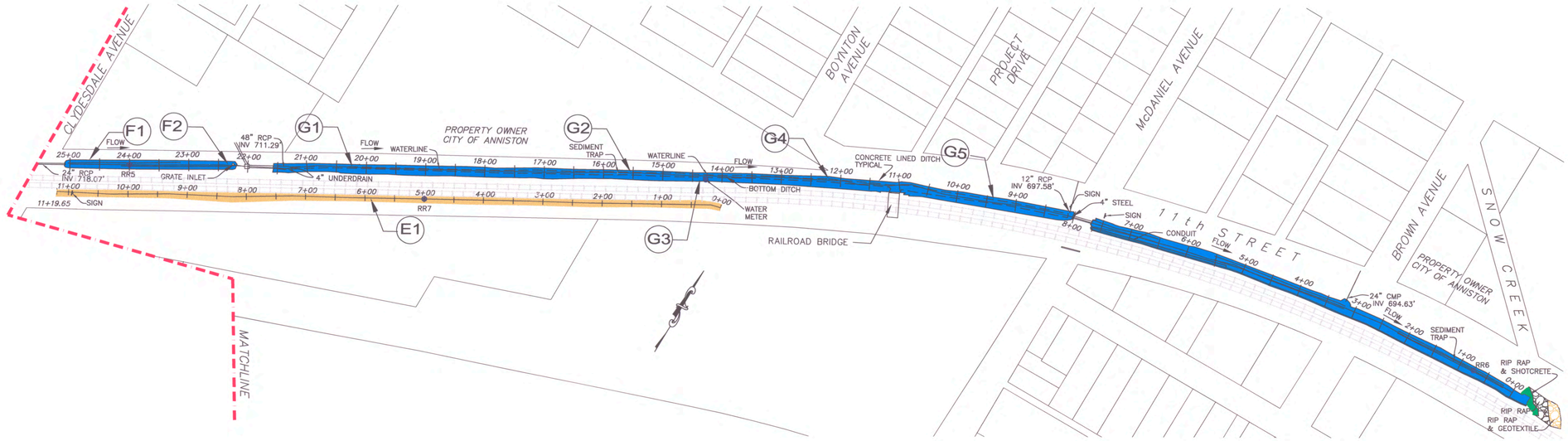
SURVEYORS NOTES

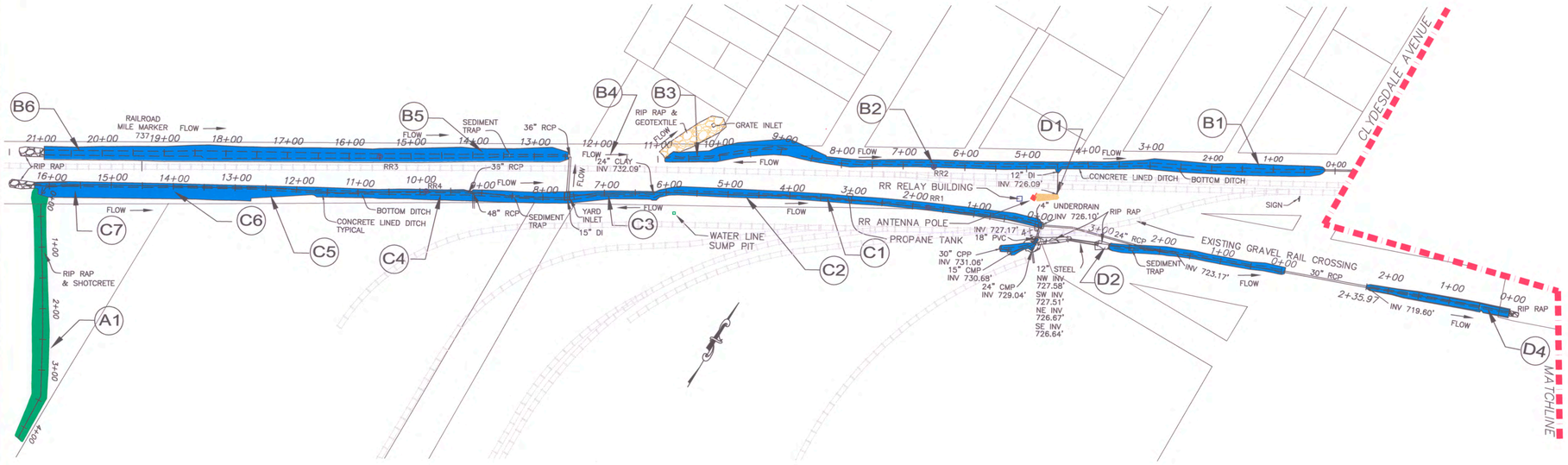
1. As-built survey made on the ground under the supervision of an Alabama Registered Land Surveyor. Date of Survey is January 25th, 2005.
2. Bearings are based on information provided by client.
3. No underground utilities, underground encroachments or building foundations were measured or located as part of this survey, unless otherwise shown. Trees and shrubs were not located, unless otherwise shown.
4. This survey was conducted for the purpose of an As-built Survey only, and is not intended to delineate the regulatory jurisdiction of any federal, state, regional or local agency, board, commission or other similar entity.
5. Attention is directed to the fact that this survey may have been reduced or enlarged in size due to reproduction. This should be taken into consideration when obtaining scaled data.
6. This Survey is subject to any and all Easements, Rights-of-way, Covenants or Restrictions of record, which a complete Title search may reveal.

LEGEND

These standard symbols may be found in the drawing.

- Rip Rap and Shotcrete
- Ballast and Geotextile Fabric
- Concrete liner with Ditch invert lines
- Rip Rap & Geotextile
- Rip Rap
- RR# Composite Sample locations





GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

ALABAMA REGISTERED LAND SURVEYOR T. SHAWN TAYLOR 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 2 of 7 | Scale 1 = 100'

TYPE OF SURVEY: AS-BUILT SURVEY

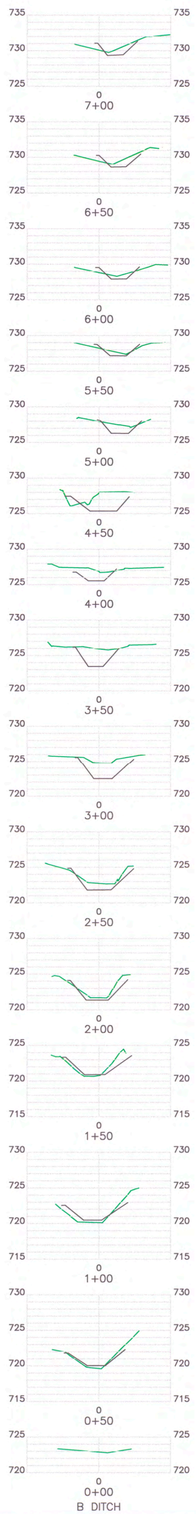
CLIENT: TAYLOR CORP.

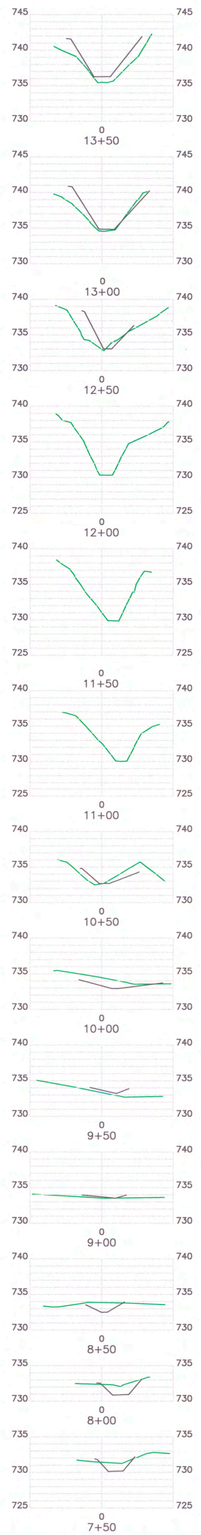
OXFORD, ALABAMA

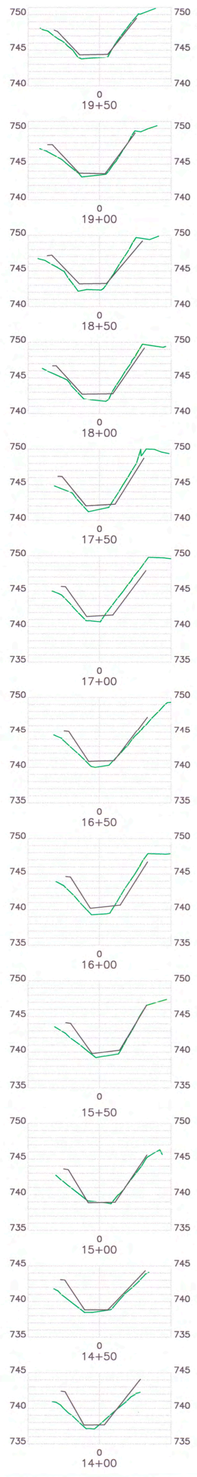
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell

SHEET NO. 2







B DITCH

LEGEND

These standard symbols may be found in the drawing.

Concrete liner

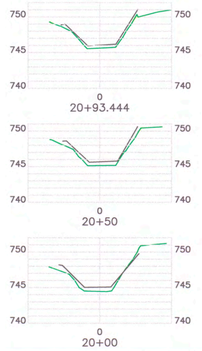
Original ground

0' 20 40 60

HORIZONTAL SCALE IN FEET

0' 10 20 30

VERTICAL SCALE IN FEET



SHEET NO.

3

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

ALABAMA REGISTERED T. SHAWN TAYLOR No. 25298 PROFESSIONAL ENGINEER SURVEYOR

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Scale 1 = 20'

Sheet 3 of 7

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

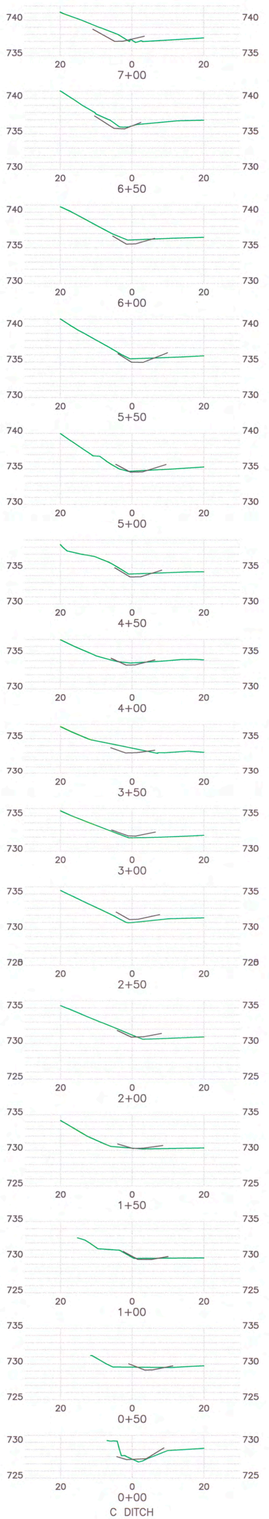
CLIENT

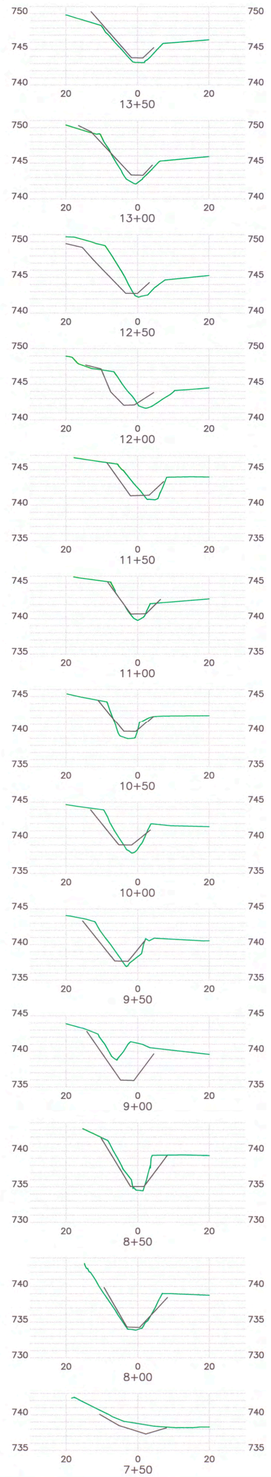
TAYLOR CORP.

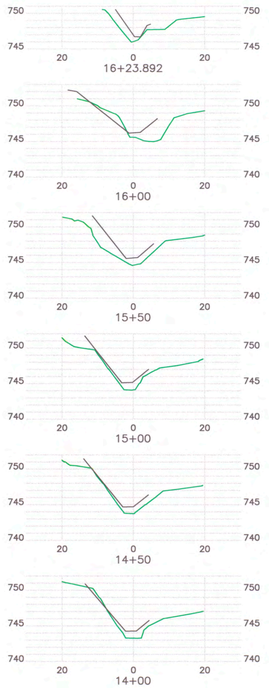
OXFORD, ALABAMA

No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell







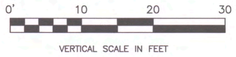
C DITCH

LEGEND

These standard symbols may be found in the drawing.

Concrete liner

Original ground



SHEET NO.

4

GIVEN UNDER MY HAND AND SEAL this the 28th. day of February 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 4 of 7

Scale 1 = 20'

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

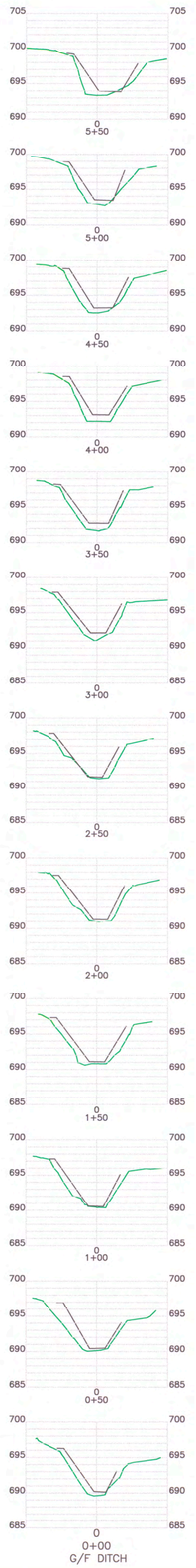
CLIENT

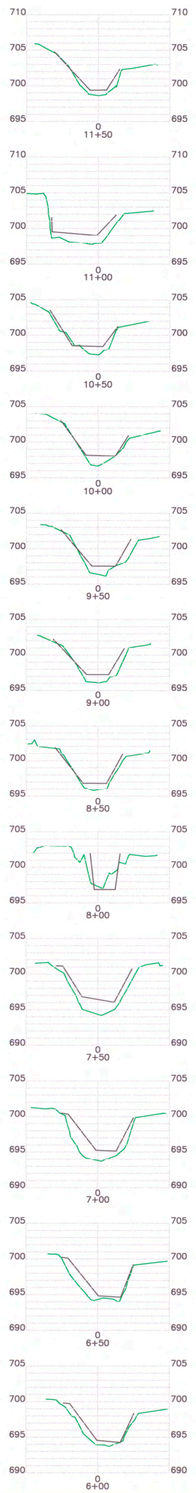
TAYLOR CORP.

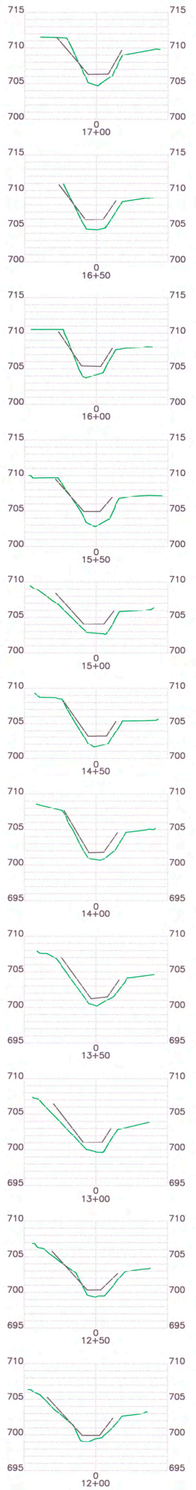
OXFORD, ALABAMA

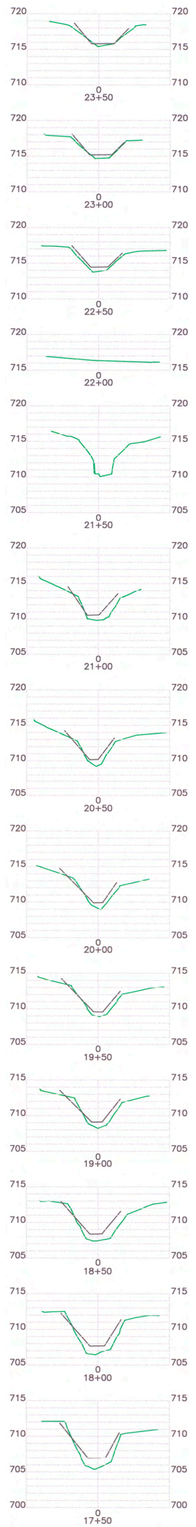
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hollis, Alabama 36264
(256) 846-5005 Cell









G AND F DITCH

LEGEND

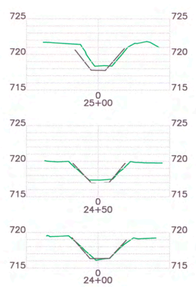
These standard symbols may be found in the drawing.

Concrete liner

Original ground

HORIZONTAL SCALE IN FEET

VERTICAL SCALE IN FEET



SHEET NO.

5

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Scale 1 = 20'

Sheet 5 of 7

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

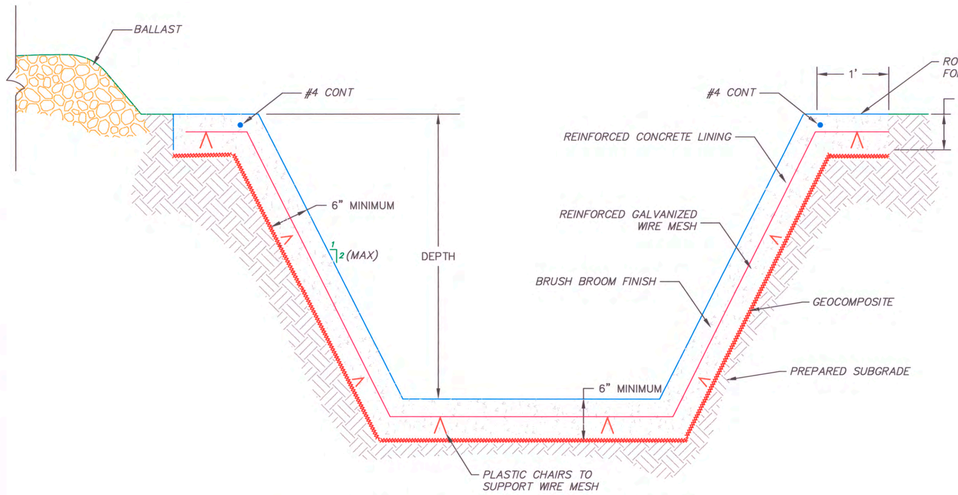
CLIENT

TAYLOR CORP.

OXFORD, ALABAMA

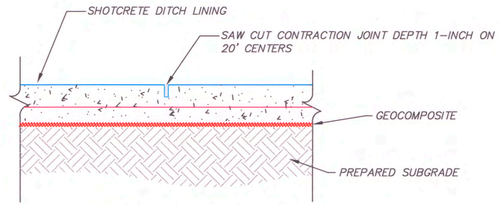
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell



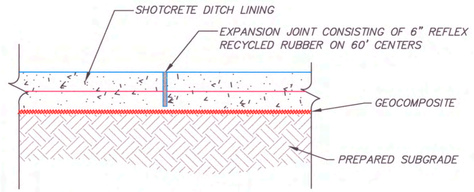
1/6 TYPICAL CONCRETE LINING SECTION

NOT TO SCALE



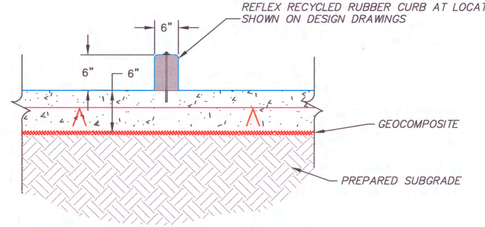
3A/6 CONTRACTION JOINT

NOT TO SCALE



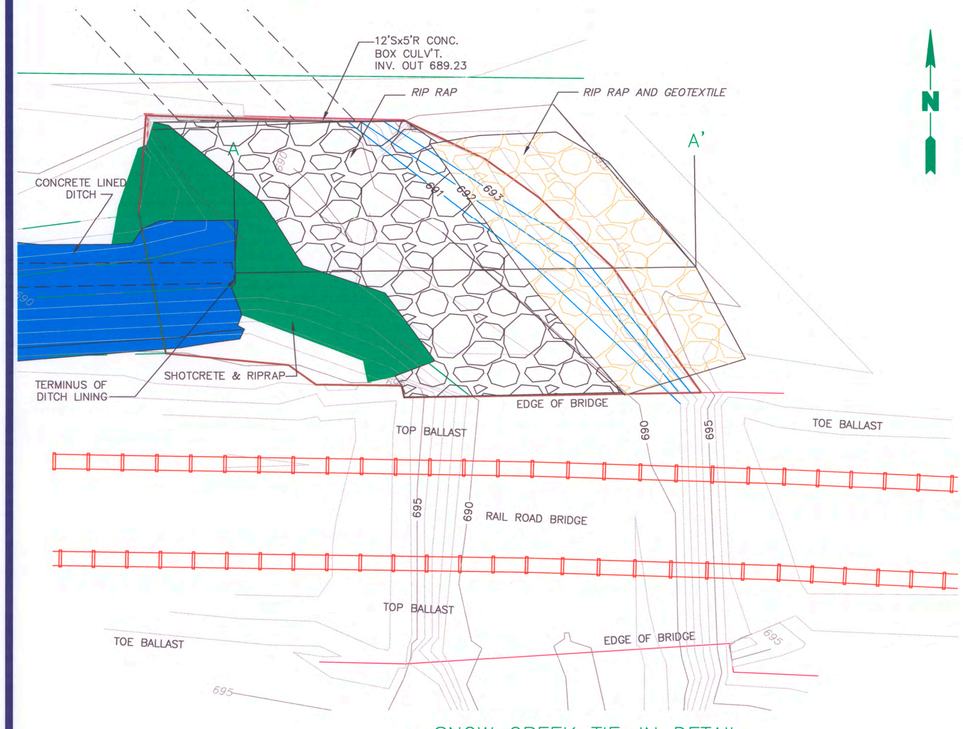
3B/6 EXPANSION JOINT

NOT TO SCALE



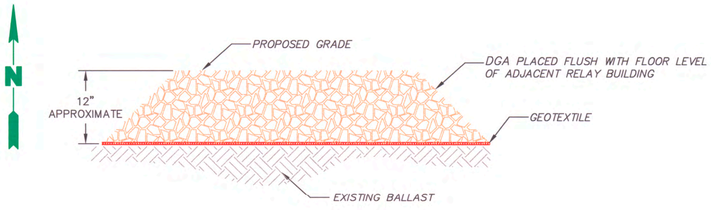
5A/6 SEDIMENT TRAP SECTION

NOT TO SCALE



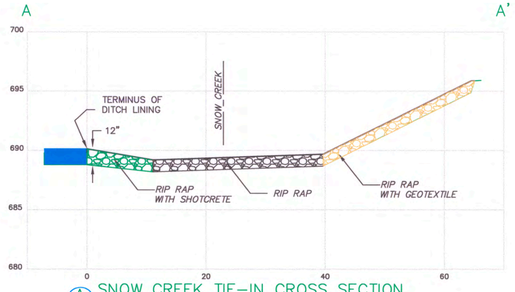
2/6 SNOW CREEK TIE-IN DETAIL

10' 0' 10'

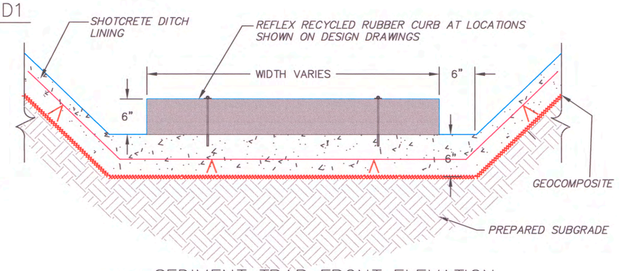


4/6 ADDITION OF GRAVEL IN DITCH SECTION D1

NOT TO SCALE

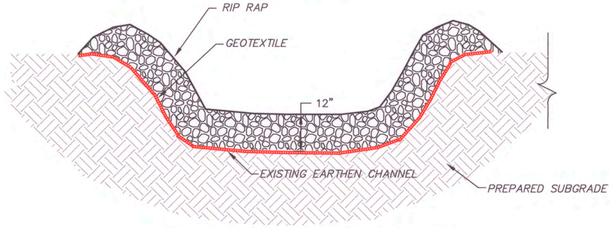


A/6 SNOW CREEK TIE-IN CROSS SECTION



5B/6 SEDIMENT TRAP FRONT ELEVATION

NOT TO SCALE



6/6 VEGETATED CHANNEL RIP RAP

NOT TO SCALE

LEGEND

8/7 DETAIL/CROSS SECTION DESIGNATION

FIGURE NUMBER WHERE DETAIL/ CROSS SECTION IS PRESENTED

DETAILS PROVIDED BY:

ROUX

ROUX ASSOCIATES, INC.
Environmental Consulting & Management
1222 Forest Parkway
Suite 190
West Deptford, New Jersey 08066
1-800-966-ROUX

SHEET NO. 6

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH
ANNISTON, ALABAMA

Scale 1 = 20'

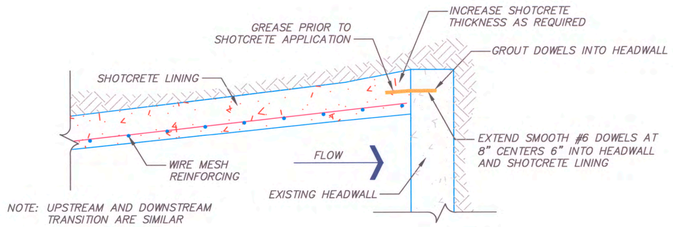
Sheet 6 of 7

TYPE OF SURVEY DETAILS

CLIENT TAYLOR CORP.
OXFORD, ALABAMA

No.	Revision/Issue	Date

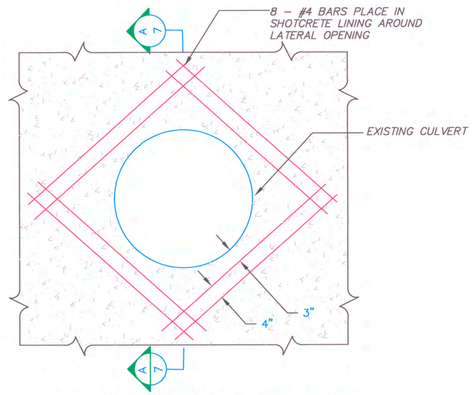
Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hefling, Alabama 36264
(256) 846-5005 Cell



BOX CULVERT TRANSITION
WITHOUT WINGWALL HALF PLAN VIEW

1/7

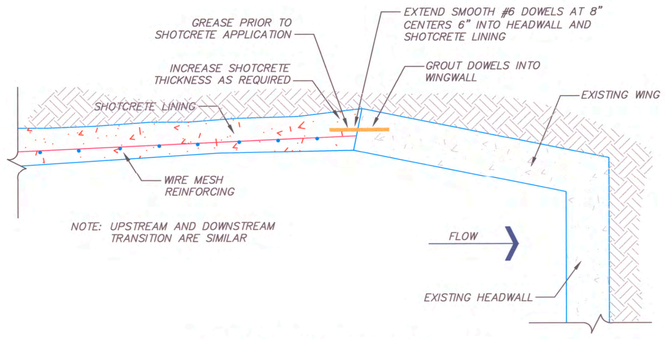
NOT TO SCALE



CULVERT (LATERAL) TRANSITION
FRONT ELEVATION

4/7

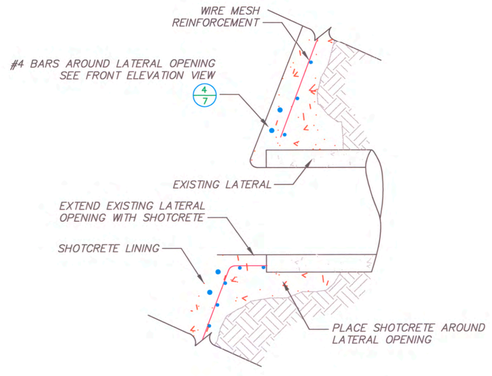
NOT TO SCALE



BOX CULVERT TRANSITION WITH
WINGWALL HALF PLAN VIEW

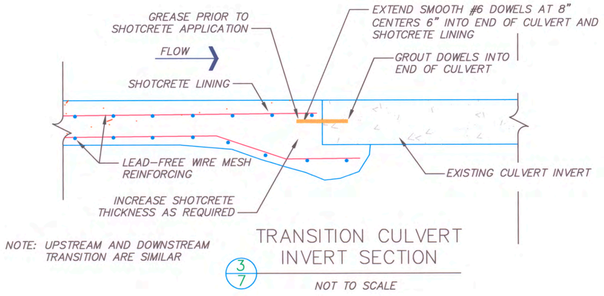
2/7

NOT TO SCALE



A/7 SECTION A – A'

NOT TO SCALE



TRANSITION CULVERT
INVERT SECTION

3/7

NOT TO SCALE

DETAILS PROVIDED BY:

ROUX

ROUX ASSOCIATES, INC.
Environmental Consulting & Management
1222 Forest Parkway
Suite 190
West Deptford, New Jersey 08066
1–800–966–ROUX

LEGEND

8/7 DETAIL/CROSS SECTION DESIGNATION

FIGURE NUMBER WHERE DETAIL/ CROSS SECTION IS PRESENTED

SHEET NO.

7

GIVEN UNDER MY HAND AND SEAL this the 28th. day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

T. SHAWN TAYLOR 25298 REGISTERED ALABAMA PROFESSIONAL LAND SURVEYOR

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 7 of 7

Scale 1 = 20'

TYPE OF SURVEY DETAILS

CLIENT TAYLOR CORP.

OXFORD, ALABAMA

No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hollis, Alabama 35754
(256) 846-5005 Cell

APPENDIX J

BMP INSPECTION AND CERTIFICATION FORMS

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary 11/5,

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date					8/5/04	8/6/04	8/7/04
Rainfall					.09	∅	∅

Sampling Information

Sample Type: ~~Grab~~

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

8/9/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, AL

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/8/04	8/9/04	8/10/04	8/11/04	8/12/04	8/13/04	8/14/04
Rainfall	0	0	.01	0	.12	0	0

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elder
Signature

8/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, AlA

NPDES Permit Number: ALR

Weekly Rainfall Summary 12 13 14 15 16 17

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/15/04	8/16/04	8/17/04	8/18/04	8/19/04	8/20/04	8/21/04
Rainfall	ϕ	ϕ	ϕ	.01	ϕ	~~.10~~ IN .31	ϕ

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance: Polymer lined ditch in C section function well with no required maintenance.

Planned Corrective Action: Install hay bales at pipe inlets & check dams in C ditch 9+00-13+00

Corrective Action Schedule:

Complete by 8/20/04 – operating as expected after 8/20 rain

Other Comments:

Signature

8/23/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/22/04	8/23/04	8/24/04	8/25/04	8/26/04	8/27/04	8/28/04
Rainfall	ϕ	.02	ϕ	.77	ϕ	ϕ	ϕ

Sampling Information

Sample Type: (8/23/04) 3 Point Composit by Genesis Env Solutn

Location: C Ditch 1+77

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

8/28/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/29/04	8/30/04	8/31/04	9/1/04	9/2/04	9/3/04	9/4/04
Rainfall	ϕ	ϕ	ϕ				

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Voss
Signature

9/4/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch

Site location (City, County, State): Anniston / Calhoun / Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/5	9/6	9/7	9/8	9/9	9/10	9/11
Rainfall	0	.03	1.27	.01	0	0	0

9/5-9/11

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily's

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaza
Signature

9/11/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: Sun 9/5/04

REPORT NO.: 32 | 122

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other

TEMPERATURE:
MAX 87 MIN 68

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: Mon 9/4/04

REPORT NO.: 33/121

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 83 MIN 72

PRECIPITATION:
INCHES .03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No work
(Holiday)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: tues 9/7/04

REPORT NO.: 34 / 120

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain. Some work- maintance

CLASSIFICATION: CLASS Other

TEMPERATURE: MAX 76 MIN 71

PRECIPITATION: INCHES 1.07

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. - Flocking System 4400, backhoe, Container truck
b. 2 oper. 1 labor,
c. 2 drivers Supervisor
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A.) Have been pumping water through flocking system making sure ~~the~~ Checkdams are in place. 4400

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

I - Checkdams 4400
F working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Check dam to make sure holding sediment correctly

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Pump water through fracking System

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Relay due to weather.

3 loads Rock delivered to property behind Lafarge for mud control

Hauling loaded cans to 3 corners

T/T 30

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Watch Step. Things Slippery because of rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 7/31/07

REPORT NO.: 35

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 75 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp - Excavator, Dozer, Backhoe, Pickup
b. (A) 3+00 (D)
c. (A) 6+40 - 11+11 (C)
d. (A) 11+00 - (B)
e. (A) (B)
f.
g.

Superior 7 laborers
Dozer 3 Backhoe
2 drivers
1 Pickup
1 ATV

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) [illegible] 3+00 Ditch
(A) [illegible] 11+70 - removed and hauled up area in C ditch
(A) [illegible] Dozer running in B ditch at 11+00
(A) Fill in D ditch 3+00 with rock

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(Thurs) [illegible] to pour concrete - inspected fabric - good condition

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 9/9/04

REPORT NO.: 36 | 11

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 86 MIN 43

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp- concrete truck, Concrete mach.	1 Superintendent	6 finishers
b.	Apx 10+85 (E)	backhoe, PC200LL,	1 Mechanic	2 drivers
c.	21+00 - 13+00		3 oper	1 laborer
d.	8+90 - 8+00		opg	Fred - Galley
e.			N/S	Meredith
f.				Don Williams
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

apx 10+55 - shotcrete
9+50 - forming and removing rock and dirt
21+00-13+00 clearing area

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(I) Inspected down to top concrete to rail ht. 5+37. Satisfactory
(F) Checking grade - (F) correct
(I) Checked pour - noticed problem. Notified provider. Follow in order Pulling from form to meet adj.
(I) Pressurized (Water Dept) - no leaks - covering and checking in morning

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Test
8+50 100% 14 in stone
7+90 100% 12 in 1 1/2 in stone
7+40 94% 12 in 1 1/2 in stone

6+80 to 6+40 1 day 15 in 91%

3 concrete cylinders
Slump 1 1/2
Temp 90

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

* Refer to Remarks - Randy Wyatt Suggestions

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

* 30 min Train Time
* Removing of tree caused pipes to rupture. Water dept called in to repair.
* adj - made to accomodate N/S Per Randy Wyatt +/- 2" didn't meet 30" app. Mike Hollis
* 4 loads (2) 4 (2) 24 Stone - Stored on D-Con pad
*

29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

material - pick up after completion

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 3/1/17

REPORT NO.: 9/10/04

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 90 MIN 64

PRECIPITATION:
INCHES 0

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

a. Taylor (17+00)(4+50 - 9+00)(6+50)(3+60)(7+5-7+15) 8 labor EPA
b. Equipment, 350, Backhoe PC200 LC, 310SG EX200LC Supervisor m/m non
Concrete Trucks, 1yd Conts. Mixtrucks, 3T 2 drivers Chris
c. 3 oper.
B. Anniston Water Works - 13+00 5 finishers
C N/S - Brian Robert C+S mechanic
e. Tommy
f.
g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(B) locating 4+65 - relocating Signal B

Shotcrete
Laying form 8+95 - 5+00
Removing soil to holding area and landfill 5+50 -

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric - OK (S)
Cement - Slump 4 1/2 (S) - 3 cylinders

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genisis Taking Sample 6+50 RR
Slump 4 8+30 - 8+90
Air monitor OK 2.8 ug/m3 TWA 018.3
7:25 max 232.9 ug/m3
9:00 min 044.0

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

RR - relocating comunication letter Box

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delays due to RR, due to communication device being 4ft instead of 22in, 34 min (Train Time)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be alert for trains. Always keep observation of surroundings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/11/04

REPORT NO.: 38/116

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 89 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

Taylor Corp. ex200LC PC209 backhoe	3 drivers
cement trucks, container trucks	2 opr
Dorn Williams D2 B1 B1 B1	7 labors
0+00, 4+00, 1+00, 9+00	5 finisher
	RWC
	Tommy
	Extract

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Pouring (shotcrete) 4+00 — 0+00
(A) Forming 5 +25 — +
(A) Removing soil from area 1+00 — 3+00
(A) Density Test +
(A) Taking grade
(A) Wrecking form 9+00

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Slump - (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 91 dry moist 20 % 100 (5+15)
94 dry moist 17 100%

Dtr Rem Avg 059.4 ug/m3
max. 105.1
min. 036.2
ET 8:00
TWA - 024.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Foundry detour

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Tunnel under RR per Ronnies direction. Insulated pipe so not to short line.

37 m.t/t

Be aware People protesting

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Proper placement of tool not being used. People made aware.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp.

Facility Street Address: 11th street Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: NA **County:** Calhoun

Latitude: — **Longitude:** —

Township, Range Section(to nearest ¼ section): Anniston AL

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached. NA

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule) See inspection & maintenance report

Based upon the inspection of (Date and Time) _____ **which I or personnel under my direct supervision (list:** — **) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	Kay Vaughan	9/18/04
Name of Responsible Official	Signature	Date

_____
Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11ST Ditch Project

Site location (City, County, State): Anniston, Calhoun, Al.

NPDES Permit Number: ALR _____

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/12	9/13	9/14	9/15	9/16	9/17	9/18
Rainfall	0	0	0	.08	.02	.04	.0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

9/18/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/12/04

REPORT NO.:

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 88 MIN 72

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

Sunday
No work

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/13/04

REPORT NO.: 401 114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 79 MIN 69

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 1+00, PC200LC backhoe — 3 Oper.
b. Entact 3+00 | 4+75-4+10, 5+90-5+30 — 6 Fin. Labors
c. Anniston Water Dept. 1+10 — 5 Labor
d. — 1 H+S
e. — 1 Supervy.
f. — Tonny
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Shotcrete 4+75-4+10
forming 5+90—

(B) samples - 3+00
(C) N/D - burst meter

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Slump Taken - Concrete

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Slump 2in 89%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Checking grades

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Track Time 20 min

Water to Lafarge booster - annision water Dept.

3:15 - 1:30 -

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be aware when train approached

Clear ditch

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/14/04

REPORT NO.: 41 / 13

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp / backhoe, 1 IWI container truck, PC200LC, B50, Concrete trucks — 6 labor, 5 finisher, 1 Supervisor, 1 RWIC, EPA, M/m-Randy
b. 1+60 — ~~9+~~ 2+20
c. 9+00 - ~~8~~1+00
d.
e. B. Anniston Water Dept.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

A) wrecking form 9+00 - 4+17
tunnel for ~~shotcrete~~ 3+25
forming 1+~~60~~ — 2+20
Shotcrete 1+60 - 2+20

B. Finish Repairing water problem

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(I) checked for holes in fabric

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

DataRam -
avg. 020.1 ug/m3
max 242.1 ug/m3
min. 012.1
ET 9:00
TWA ~~00~~ 021.5

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Taking Samples and Pictures of foundry debri

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shot top of form to top of track was (OK) per Randy Wyatt Water dept. finishing problem with busted meter.
Work going fine except delay due to bust water to Lafarge

Track Time (24 min)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Slopes in area 1+60 – 2+50 in Slippery on rock. Must use extreme caution.
Be mindful in areas in Section also do to being so close to crossing

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/15/04

REPORT NO.: 42/112

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 76 MIN 69

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp – B50 concrete trucks — 2 drivers
b. Back hoe, EX200LC — 2 oper
c. 2+20 – 4+20 — 5 labor
d. 21+00 (E) — 5 finishers
e. — Supervisor
f. — (EPA/RWIC/ m-m Randy)
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2+20 – 4+17 – Shotcrete
21+00 – removing debri
21+00 – Key check dam – 6 bikes

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Geo matt – Satisfactory
Lin mesh – (S)
fo. n- mets requirments

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Ran – Dataran NO9 needed
No density test today

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Getting prepaid for weather (Hurricane)
check dams
BMP Plan

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Truck Time 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

watch footing due to rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/16/04

REPORT NO.: 43/111

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 76 MIN 70

PRECIPITATION:
INCHES 4.48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No Work
(Hurricane)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(A) Inspected area - Secured everything

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/17/04 | REPORT NO.: 44 | 110

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS E

TEMPERATURE: MAX 84 MIN 66

PRECIPITATION: INCHES 0.03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. (equipment) Backhoe Flocking System
b. 21+00 — C3 ditch 8750 FY2000
c. 6 labor Tommy
d. 1 Supervision
e. 1 Pkup
f. 2 dump trucks
g. 2 Gen

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) making some checkdams and in place and working properly 21+00
(A) Spreading gravel + — +
(A) Pumping water through flocking system - Handicap Ditch
(A) D-ditch laying riprap-checkdams
(A) C-8750 checkdams

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

checkdams - replace

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N/A

Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Remove debri brought in from water and wind.
Repair Checkdams due to heavy rain

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delays due to hurricane.

Track Time 7 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be extra careful due to rain and wind. Weather washed alot of debris in (work) area.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/18/04

REPORT NO.: 95/109

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS F

TEMPERATURE: MAX 83 MIN 59

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp: 21+00(E) - 13+00 — 2 oper, 2 driver, 5 labor, Supervisor, RWIC, Tommy
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) 21+00 laying form, removing soil from embankment
13+00 checking grade

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

checking grade 13+00

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Rpts - S/T 7.23 avg/041.1
E/T 7.00 Max/085.0
TWA 016.6 Min/000.0

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

laying gravel in + Sec

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO concrete today, forming 21+00 — in prep for mond

36 min Tack Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be careful on steep embankment — watch & listen for trains

Longer ladder

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11 St Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached. N/A

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) _____ **which I or personnel under my direct supervision (list:** ✓ **) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Signature	Date
	Kay Vaughan	9/13/04

Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11th ditch

Facility Contact/Title: Ray Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): Anniston

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11 acres

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 9/17/04 5:00pm **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Signature	Date
Ray Vaughan	Ray Vaughan	9/17/04

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): C Anniston, Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/19	20	21	22	23	24	25
Rainfall	Ø	Ø	Ø	.02	Ø	Ø	Ø

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vega
Signature

9/25/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/19/04

REPORT NO.: 44 / 108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.

CLASS B Weather occurred during this shift that caused a complete stoppage of all work.

CLASS C Weather occurred during this shift that caused a partial stoppage of work.

CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.

CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.

OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 81 MIN. 55

PRECIPITATION:

INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No Work
Sunday

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

SAFETY: *(List any infractions of approved safety plan, safety manual or instructions ... er. ...ify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/20/04

REPORT NO.: 47 / 108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 81 MIN 54

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. — 1 Supervisor
b. Equipment (Ex200LC, PC200LC, container trucks, Shotcrete shooter, backhoe, Datsram) — 1 EPA
c. — 1 M/M
d. 21+00(B) Hertz — 4 finisher
e. 13+00 — 4 labor
f. — 3 oper
g. — 2 drivers

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Shotcrete - 21+00(B)
Laying fabric & forming (B) 18+50 - (E)
watering Roadway (B)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

fabric (S)
line mesh (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 3cy. 2nd truck 20+00 - 103 16.4 moist
Slump 1" 81° 21+00 104 16
18+05 105 14
17+55 105 13.5

DataRam
Avg - 2031 kg/m3
max - 2753
min - 1900
S/TS: 19
ETS 8.00
TWA 221.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Start C ditch first thing in morning

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

water down roadway

15m Track Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Use Sledge Hammers properly

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ugo

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/28/04

REPORT NO.: 48 /107

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 59

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp — Concrete trucks — equipment - BSO 37P Backhoe, Ex trucks, PC200LC
b. Anniston Water Dept 15+50
c.
d. 20+40 (B) - 15+50; 17+00 (C) - 7+80
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

1) 20+40 (B) Shotcrete
2) 21+00 (B) blocking form
3) 17+00 (C) starting to dig in this area
4) 15+50 (B)
5) Water dept 15+50 (B) - fixing water lock
6) 17+00 - 7+80 - running drain pipe along fence line

Supervisor
3 oper.
1 driver
3 finishers
6 laborers
1 mechanic
1 EPA
1 M/M

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

APCO ditch - check to get ready to shotcrete ditch

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - Aug. 021.5 ug/m3
Max. 541.2
Min. 008.5
S/T 7.45
ET 7.00
TWA 010.1 ug/m3

Density 16+55 (D) 102.5 (M) 14.7 96%
16+05 102 14.8 96%
15+60 102 15.5 97%
15+10 105 15 98%
14+15 104 15.2 98%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

run drainage down fence line in Ditch for proper drainage

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

No incoming materials

Truck Time - 22 min

Cut 3 sections poured

formed to 16+55

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Caution getting out of ditch

Very steep slope.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/22/04

REPORT NO.: 49/106

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 83 MIN 59

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp - APCO ditch — Trencher, Backhoe, DC 200LC — Superviser, 3 oper, 4 driver, 3 finisher, 5 labor, 1 mechanic, 1 EPM
b. RR personal
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

A) apco ditch - Shotcrete - no forming else laying riprap
A) ~~Continue forming up~~
(B:) Locating Signal cable

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

made sure no leaks in drainage pipe

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dust Ram Avg 13.9 ug/m3
TWA 0072
MAX 073.9 - 01.9
min 0000
ET 9:00
ST 722

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Dig trench to relocate Signal (KR)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Ran upon busted hose on Reuse Approved pipeline

No material delivered

Concrete delivered APCo ditch

24 mm Track Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

(None)

Use caution when working on APCo property.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/23/04

REPORT NO.: SO/105

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 87 MIN 56

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp - APCO Ditch 12+50, 3+80	(Equip)	EX200LC	Superviser
b.			Backhoe	3 oper.
c.			Backhoe	1 driver
d.			Container	3 finisher
e.				4 labor
f.				1 Rock Arch.
g.				1 EPA - Tiffany

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Relocate utility cable 14+23 —
12+50 - test dig
14+23 Digging trench for utility cable
3+80 - shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(RR)
Inspect area for relocating utility cable.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dutch Cone

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Stay with 15 foot running utility cable

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Load of 24in Riprap,
Getting Signal Cable in trench

Track Time

20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Zero Tolerance - watch for trains

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/24/04

REPORT NO.: 51 / 104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 86 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp: (C) 16+23-(W) (B) 15+50(E) (Equipment) Ex200LC
b. RR Personal — Container trucks
c. Gallet — Dump Trucks
d. — B50
e. — Backhoe
f. — Dara Ram
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Trench to relocate utility cable 16+23(W)
(A) 15+50(E) forming
(B) adjusting Switch
(C) Gallet - Slump

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(P) Sampling of trench 12+50 to check for possible water
(I) None
- Continue with trench

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - S/T-9.54
G/T-3.00
TWA-031.8
min-009.6
max - 782.5

Slump 4th Truck
2½ 88°

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

28 days (Core) 18+15 – 18+50 (B)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Concrete finishers were shorthanded. First load set up quickly. Don Williams requested core be done 28 days.

Track Time. 27 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Watch for wire

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 9/25/04

REPORT NO.: 52/103

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 85 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 11&0+23 (C) (Equip) Ex200LC Supervisor
b. 13+00 (B) Data Ram mechanic
c. Compactor 1 driver
d. Backhoe 3 oper
e. 6 labor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

11&0+23 - digging and filling trench - compacting
13+00 - forming

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Dug 22in to locate cable to tie in to utility

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - Avg. 119.8
max 01.5 B
TWA min 013.8
01 F.3 S/T 1:15
ET 8:00

Density - 12+95 (C) Utility ditch
Dry - 125.5
Moisture - 120
100%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Due to weather - pouring sand spreading and compacting to make sure covered.

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Hose busted on eqiupment - short delay

Sand brought in to fill trench

clay brought in also to fill trench

Using trencher to make 10ft dig so not to cause cavein ok by Randy Wyatt from Oakes

Track Time 27 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto 11st ditch

Site location (City, County, State): Anniston, Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/26	9/27	9/28	9/29	9/30	10/1	10/2
Rainfall	Ø	0	Ø	Ø	Ø	Ø	

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

10-2-04

Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/26/04

REPORT NO.: 53102.

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 84 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e.
f. NO work
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/27/04

REPORT NO.: 54 (10)

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 84 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 18+00, 14+15(E)
b. Fish Wildlife – 0190
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Shotcrete 18+00(E) B ditch
(A) Forming 14+50 (E) B ditch
(B) Taking Samples Grab over 50 cm

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Materials - Satisfactory.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Fish and Wildlife (NA)

Dust, Ra -
TWA 025.4 mg/m3
min 000.2
max 428.9
Avg 033.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Wildlife personal taking sample - NO decon suits.

Relay - NO dig in C ditch due to waiting on RR personal to finish tieing in utility cable.

(Track 21.)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Wildlife - no decon suits in our SD 0+90

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/20/94

REPORT NO.: 55 1100

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 68

PRECIPITATION:
INCHES ϕ

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor C.F. 0+00 (B) 18+00 (E) — Supervisor
b. 16+50 - 15+60 — 4 laborers
c. — 1 mechanic
d. — 2 dump
e. — 1 grader.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) B-ditch 0+00 ~~to~~ Excavating in over 50 areas. Used proper decon Procedure. filling with 4in rock to bring it to proper level.

(A) 13+00 (E) laying form, wire mesh.

(A)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

APCO (Steve) inspected ditch very satisfied.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

D... R.
ST 7:25
ET 5:00

Avg. 128.0
max. 5588
min. 000.0

TWA 0762

Sl. 1 1½ 89° 16+80
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Dig in OIC SO. Made sure proper PPE is worn and decon procedures are followed

Track 23

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 9/29/04

REPORT NO.: 56/99

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp	(B)15+00(E)	Supervisor
b.		(B)0+23	4 finishers
c.			6 labor
d.			1 mechanic
e.			2 oper
f.			1 driver
g.			

	320LC	
	Backhoe	
	850 / 1FS	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

15+00(E) - Shotcrete and finish forming
0+23 (B) Excavating, Shaping and filling with rock.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Chris, Don, Mike, Kandy, Ronnie walking site

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - refer to air monitor Log

Slump 3 1/4

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

None

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Decon Procedures being done correctly, Progress is moving along. Over 50 dig being filled in with rock to get ready to form

Track Time 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/30/04

REPORT NO.: 57/98

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 56

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B-13+50(E) Supervisor
b. B-0423
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 13+50(E) Shotcrete
(A) 0+23 forming

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rcvd - refer to air monitor daily log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Completed 2nd Lift Sec (B) 13+80 - 15+00
forming complete also in (B) 13+80 (E)
Fabric applied in 0123(B) at Eldyssdale

Track Time 32 hrs

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/1/04

REPORT NO.: 58/97

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 16+00 (B) - EAST — PC200LC
b. D4 — Backhoe
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

16+00 - Wrecking form, shotcrete
D4 + ~~ex~~ shooting elevation, excavation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ran
Refer to Air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 19

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11st ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 5:00 pm 10/2/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ _____ 10/2/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston, Calhoun AL.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	10/3	4	5	6	7	8	9
Rainfall	0.01	0.01	0.01	0	0	.05	.05

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily's

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Wagner
Signature

10/10/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/6/94

REPORT NO.: 54 | 96

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS (D) A

TEMPERATURE:
MAX 94 MIN 62

PRECIPITATION:
INCHES 1/2

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp DX1 & 330 Hitachi 450 Excavator
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

DX1 & HSP - finished excavation & laying culvert
B.C.I. #30 - working form

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NONE

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress in DCI trenching. Completed [illegible] Ready to start boring.
Setting up thrust to continue Mandrel.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/3/04

REPORT NO.: 60195

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 82 MIN 66

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. Sunday No work
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/4/04

REPORT NO.: 61/69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 85 MIN 52

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 1250 LC 01 (3) PC Trucks
b. Trucking (2) Backhoe
c. 330
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) Haul dirt to spoil area
(b) Trucking - spoil area

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density
Old 1 Eng 3 TWA
[illegible]
[illegible]
[illegible]

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Trenching ...

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/5/94

REPORT NO.: 62/93

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 64

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp -	1+16 (D4) - Forming	PC 200LC	5 formers
b. RR Signal Personnel	7+70 - 9+00	B-50	3 finishers
c.	1+58	EX200LC	3 laborers
d.	2+36 - (E)	Backhoe	1 mechanic
e.		Watering equip	1 driver
f.		Dump Truck	Supervisor
g.		Concrete trucks	

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 1+16 - Forming
(A) 7+70 - 9+00 excavation, compacting
(A) backfill on Roadway
(A) 1+58 - wrecking form
(A) 2+36 (A&E) - Shotcrete
(B) RR - Tieing in Utility Cable

1 Tornado warning (Mckenzie)
4 Containers (7+90-9+00)

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Plastic
Refer to

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

2155 - All but one Section completed 54 yrd. Concrete
8100 - Drainage Pipes exposed. Ready to be removed.

Track Time
17 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/6/04

REPORT NO.: 65

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS H

TEMPERATURE:
MAX 85 MIN 57

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp 0+58	4200 LC	5 formers
b.	7+80 - 10+50	PC200 LC	3 finisher
c.		Backhoe	3 Oper
d.		B50	1 mechanic
e.		Dump Truck	1 driver
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

7+80-10+50 excavation, forming, elevation
0+58- Shotcrete-finishing

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to Air monitor Log

Density 8+25 99% 18%
8+75 98% 17%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Excavation completed to 10+50-d-
form completed to 9+00-d-
D4 Sec. completed

(McElroy)
3 tandem loads
5 container
-1 load 4in modified

Track Time
24 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

9:00

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 19 7 04

REPORT NO.: 64 191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 73 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 7:30-11:00
b. Genisis
c. Gilbert
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp - forming, excavation, backing form
(B) Genisis - Taking Sample
(C) Density

4 container loaded
2 Tandum loads delivered

45 yrd concrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genisis
Taking Sample

Density
100% 17% 10060
100% 16% 10190

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Excavation Completed to 1400

forming to 9:50

Things progressing Great.

2 Tandum load
4 containers

T/T
30min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)

(ER 1180-1-6)

DATE: 10/8/04

REPORT NO.: 60/90

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 74 MIN 58

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Forming 9+50 Ditch
Excavating 11+00(W) Ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N

Data Ran
See Daily
Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(Reed) B50 Pump broke - calling company
1 Load 4' gravel
4 Containers loaded 11:00 (W)
3 tandum loads - Three Corners
Excavation completed to +
form completed to +

T/T 25 min

Hoyd Concrete

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/19/04

REPORT NO.: 66 [illegible]

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 74 MIN 62

PRECIPITATION:
INCHES 0.05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 9+15-8+80(E) — Supervisor
b. 14+00(W) - 16+63 — 3 finisher
c. — 2 labor
d. — 1 mechanic
e. — 3 oper.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

9+15-8+80-Shotcrete, forming-(W) +
14+00(W) - excavation

EX200LC
PC 200LC
mini Backhoe
185
Bobcat 763
Backhoe

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Rain Info.
(Rain)

Density (M) (D)
13+60(C) 100% 17.3 101.1
14+75(C) 100% 17.0 101.3

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Containers
(2) 13+60-16+00

Shotcrete remainer of Sec incompleted
finished excavation of that Sec C-ditch
formed to +

Concrete
24 yd.

I/I
17 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None. Tailgate meeting on safty plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/15/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	Kay Vaughan	10/5/04
Name of Responsible Official	Signature	Date

_____
Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsato

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835 1800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: N/A County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/9/04
which I or personnel under my direct supervision (list: _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Kay Vaughan Signature	10/9/04 Date

Title

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/10/04

REPORT NO.: 6-1/88

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS off

TEMPERATURE:
MAX 74 MIN 65

PRECIPITATION:
INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. Sunday
d. (No work)
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/11/04

REPORT NO.: 68

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 80 MIN 67

PRECIPITATION: INCHES .19

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 24+00(B)-B-
b. Barbers Ornamental 12+00(W)-C-
c. Taylor Surveyors 16+23(W)-C-
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 24+00-E-(B)-cutting excess fabric from edge of ditch.
(A) 12+00-16+23- laying fabric & forming
(W) Checkdam

(B) Serviced Port-o-lets (C) Topo

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
(Rain)
NO Info.

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO Concrete - Due to Pending Weather.
Got remainer of ditch covered with fabric

T/T 20 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None - Tailgate meetings to brief on Safty Hazards on Site

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/12/04

REPORT NO.: 69186

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 65

PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 10+00 - 9+30 C
b. ~~Gilbert~~ Gillet 11+20(W) 13+00 C
c. Action
d. Taylor Surveyors
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 10+00 - 9+30 C - Shotcrete
11+20 W - 13+00 C - Forming

(D) Taylor - Topo

(B) Gillet - See test Required

(C) Action Trucking - ~~Delivered~~ drop of containers and hauled to miss. (3) cans

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See Log.

Gallet Temp. 88
Slump 1"
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Action - dropped 6 cans, hauled 3 to miss.
Continued shotcrete Ditch. 2 Sec.
3 new hired
Got in 4 bulkheads and continued forming (W) to 13+00

50 yd. concrete

T/T 25 min.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/13/01

REPORT NO.: 10/85

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 67 MIN 58

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 1-420(W) LT40 C
b. 1-310(W) C
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

C 1120 LT40 - Shoring
C 1310(W) - Grading

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

2 more Sec. completed. Connect to Edith.
Forming is coming along very well in Edith, almost completed.
1 Manhole adjusted (Concrete)
Edith ring has started.

(Actions) IM 2500 (1) IM 2501G (1) IM 1 (1)

Equipment PC200LC, EX 400 LC, Backhoe, D 50

TTT - 31 min
(Concrete - 5 1/2 yd.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None. Tailgate meetings covering Precautions.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 10/4/01

REPORT NO.: 91/84

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 67 MIN 49

PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	12+40 - 16+25	Supervisor	Equipment
b.	Taylor Swingers		4 Laborers	330
c.	Kirkpatrick		4 Trackers	Excavator
d.	Action Resources		3 Flagmen	Pickup
e.			1 mechanic	Mini Backhoe
f.			1 Welder	Bobcat
g.			2 Oper.	D 6

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp. 12+40 to 16+25 - Shotcrete, Forming
(B) Taylor Swingers
(C) Kirkpatrick - Cutting Grate
(D) Action - Hauling Concrete to Site

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

1 hr. down time.

7 containers (1 yd) brought back. 1 (can) hauled to mtn.

T/T 25 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/15/04

REPORT NO.: RR 183

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 41

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp + + — 6 labor EX200LC
4 Finishers PC200LC
4 oper Backhoe
B-50
Flocking System
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

+ — + Shotcrete
25+00 - applying fabric (F-1)
23+46 - end of over 50 sec F-1 Compete- covered
Checkdam (Inlet & Sandbag)
C & B ditch throughout area Mucking for and cleaning liners.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
Sm Air monitor
Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Over 50 Sec excavated and covered(geo-) 25+00 - 25+46(F-1)
using flocking system in f-1 to redirected later flow

23+46 - Jute and sandbags

\+ - Digging under tracks for drainage.

28 yd Concrete

3 Cans loaded over 50
25007 } 25+00
25012 } E
25015 } 25+46

(McCartney)

7 load Rock (3) Pike - 77.81 (T)

(4) ~~McCartney~~ Harris 106.58(T)

TT 15 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/16/04

REPORT NO.: 73/82

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other

TEMPERATURE:
MAX 72 MIN 40

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. NO Work
d.
e.
f. Illness
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Chris became very ill.
Don added days back.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11St Ditch

Site location (City, County, State): Anniston, Calhoun, AL.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	10/4	11	12	13	14	15	16
Rainfall	.03	.19	.07	0	.01	0	0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vaughn
Signature

10/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch Project

Site location (City, County, State): Anniston, Calhoun, Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	17	18	19	20	21	22	23
Rainfall	0	0	2.18	.01	.01	0	.48

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaughn
Signature

10/23/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/17/04

REPORT NO.: 74 | 81

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS 0

TEMPERATURE:
MAX 78 MIN 49

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. Sunday
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/18/04 REPORT NO.: 75/80

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 79 MIN 60

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 25+00 - 21+00 (equip) Backhoe, PC200LC, B50
b. Kirkpatrick 13+50 - 15+20 1 mechanic
c. C+B ditch Supervisor
d. 8 labor
e. 4 oper,
f. 1 driver
g. 4 finishers

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 25+00 - 21+00 - forming ~~Shotcrete~~ - excavation
(A) 13+50 - 15+20 - Shotcrete
(A) C+B ditch - Cleaning entire area of scrap materials

(B) Kirkpatrick - Delievering concrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density -
22+60 - P102 m 17 95%
23+05 - D1026 m 16.8 96%
6th Truck 14460 3 cylinders 82° 2" Slump

Data Ram
See Air monitor Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

25+00(E) forming is coming along very well.
13+50-15+20(W)- 3 Sec paved - 2 Sec left
21+70-2" Pump - redirecting water down stream
B&C - area cleared of materials and excess fabric

2 cans loaded
108549
107769

Concrete- 70 yds
TTT- 30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Tailgate meeting to cover possible Safty Hazards

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/19/04 REPORT NO.: 76/79

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS B

TEMPERATURE: MAX ~~78~~ 73 MIN 64

PRECIPITATION: INCHES 2.18

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	15+10-15+85	Excavator	Superintendent
b.	Action Resources	25+00 TE	PC 200LC	8 Labor
c.			D-50	4 Finishers
d.			Backhoe	4 Spotters
e.			Mini-Backhoe	1 mechanic
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+10-15+85 Synthetic
(A) 25+00- Apply lime mush, Grade Stakes
(B) Action Resources - 3 cons to Emelle - Brought back 2 cons (IDI)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO QA monitor (Clean) NO Test

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 loads of concrete Poured. 1 Load returned due to Storms

work at a standstill due to weather.

3 Trucks
107770
75015
107772

T/T

27 yds - (9) yd return
(18) yds poured

15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None - Tailgate meeting to cover safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)

(ER 1180-1-6)

76 | 2 cpy | 77 | 78

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS E

TEMPERATURE:
MAX 75 MIN 64

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	15+50 (C)	Superintendent	PC200 LC
b.	16+63-15+50	4 Formers	PC200 LC
c.	15+20-15+85	4 Laborer	Mini Backhoe
d.		1 Laborer	Backhoe
e.		mechanic	
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+50 (C) - working form
(A) 16+63-15+50 - Forming
(A) 15+20- 15+85 - accessing water damage

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

I - working Shoring Rocking System is working Properly
Checking water pipes

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing
Required

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Accessing damage from heavy rain that came through.
Serious damage to shotcrete due to water under geo.

Delay in that area due to ~~se~~panel has to be pulled up

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Safety meetings.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/21/01 | REPORT NO.: 78/77

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS E

TEMPERATURE: MAX 76 MIN 61

PRECIPITATION: INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	Top of ditch	B-50	Supervisor
b.	Gallet	21+50 +	185	3 finisher
c.	Water Dept.	15+00	Ex200LC	4 Oper
d.	Taylor Surveyor	21+50	PC 200 LC	9 laborer
e.		24+40	Mini Backhoe	Mechanic
f.			Backhoe	1 driver
g.			P 37	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp, 21+50 - Water Dept assists to test chlorine Sanitizer sys't.

(A)

(B) Gallet (Pump) - Temp Slump

(C) Water Dept 21+50

(D) Taylor taking grade

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Air monitoring - (wet)

Gallet
3½ Slump 83°
4th Truck
25+30 - 24+70 F1

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given re deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

15+20-15+85 Reformed Area, Reset bulkheads and getting ready to shotcrete in the morning.

22+50 F1 - forming around headwall.

T/T - 25min.

Concrete 73 yd.
2 load rejected Slump to low.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None - Tailgate meetings to discuss hazards.
Slips, trips, fall

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/21/04

REPORT NO.: 79 16

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 75 MIN 63

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor (Corp.) 15+20-16+80 Mini backhoe 8 labor
b. Monsanto w/HD 21460 21460 F-7 Backhoe 2 finishers
c. [illegible] Balch 21460 2400 PC200LC 4 oper
d. 1 driver
e. mechanic
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor - 15+20-80 - Shotcrete
Grinding 21160 - Welding

(B) [illegible]

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

[illegible]

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

[illegible]

ENG FORM 696 [illegible]

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Getting grass seed-B- spread, finished wrecking form
Completed C ditch.
Progress coming along F ditch.

2 cans loaded over 50
107772
107770
3 cans lossthan 50
113100
113101 113095

18 hay-(checkdams)

TT-33 min.
89 yd.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meetings to discuss safty concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/23/04 | REPORT NO.: 80/75

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A, B

TEMPERATURE: MAX 73 MIN 60

PRECIPITATION: INCHES .48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp. 25+30-20+50 / 2	EX200LC	6 labor
b.		PC200LC	1 mechanic
c.		Backhoe	3 oper
d.		mini backhoe	1 driver
e.		weedeater	Supervisor
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 25+30 - 20+50 - 1 wall form, forming, shoring system

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram

See air log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

F-1 25+30 - 17+00
Wrecking form 25+30 (E)
forming F1 2 sec.
No concrete today
Checking grade - laying gravel
flocking system in place and 2' pumping out

T/T - 25mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss Safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11 acres

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/23/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughan 10/23/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	24	25	26	27	28	29	30
Rainfall	.02	0	.01	.03	.11	.01	.01

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

10/30/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

10/24/04 | 51 | 74

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 79 MIN 58

PRECIPITATION:

INCHES .02

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e. No work
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/25/04

REPORT NO.: 82/73

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 65

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	17+00 - Air monitor	PC200LC	Supervisor
b.	B Work Pamplona	18+50 (E) F-1	EX700LC	4 oper
c.	Alt. on Resources	20+40 (E) F-1	Backhoe	4 finisher
d.		19+00 - 17+50	B-50	7 labor
e.			185	Mechanic
f.			mini backhoe	2 drivers
g.			Air monitor	

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

17+00 - air monitor
18+50 - 6 Cans load - excavation
20+40 (E) - Forming
19+00 - 17+50 - compacting, spreading gravel
(B) cleaned Port-o-lets
(C) - Took can to miss. Rock Dropped one off.

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Data Ram
Sll air monitor
Log

	Density (D)	(M) F-1	
21+25 -	103.4	17.3	80° 3" Slump
(G) 20+70 -	102.6	16.8	3rd Truck
18+50 -	103.7	17.2	3 cylinders
17+60 -	107.5	16.7	23+00-23+50

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(20+40) - 3 Sec formed and ready to Shotcrete.
3 Sec poured (22+85 - 20+95)

(19+00 - 17+5) - compacting, placing gravel

(cans loaded)	Action Resources
107913	Pick up 1 can
107922	Delieved 1 can
107904	Had problem with can leaking.
107905	Opened can back up to apply stuff to
108555	Stop the leak.
107912	

54 yd. Concrete

T/T 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to discuss Safe working.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Wingo

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/25/04

REPORT NO.: 83 72

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 59

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	~~20~~-25+95	3 oper	EX200LC
b.	Workmans Comp. Inspection	19+75	4 finisher	PC200LC
c.		19+20	8 labor	D-50
d.			mechanic	185
e.			2 drillers	Backhoe
f.			Supervisor	minibackhoe
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 9+20 forming.
25+95-19+75- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

PVC pipe location to pump water to 13+00.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See air monitor
Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris has repeatdly spoke to LeoTruss Concerning Wearing his Safety glass. We purchased a pair just to accomadate his ~~or~~ prescription. He refused to wear them so if a injury occurs he has been warned. Workmans Comp will not be reponsible in this Situation. (per Chris Gr

3 Sec. Poured Excavation to 18+50(E)
3 Sec. Formed.

8 cans loaded
63 yd. concrete
TT 25 mins.

8 cans loaded
3 delivered on ~~Job~~ loaded - 3 corners

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meeting to discuss working Situation in tight locations.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Layne

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/27/04

REPORT NO.: 84/71

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 62

PRECIPITATION:
.03 INCHES

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	13+50	EX200LC	3 oper
b.	Gallet	20+50	PC 200 LC	4 finisher
c.		0+00 GS	B-50	11 Labor
d.		19+15-17+35	185	1 mechanic
e.			mini backhoe	Supervisor
f.			Backhoe	2 driver
g.			flocking System	
			2" Pump	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 13+50 - excavation
19+15-17+35 - Shotcrete

(B) Density - Slump

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

See air monitor log.

(G) Gallet

3 cylinders
18+35 - 19+15
2" Slump 83°

	D	m	
13+00 -	104.5	16.5	98%
13+50 -	103.3	16.6	96%
13+75 -	103.5	16.8	96%
12+75 -	103.5	17	96%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Meeting to discuss issues.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

*Leo Truss has been warned repeatedly concerning wearing his safety glasses. He was furnaced glass to accomadate his situation. Yet he still is not wearing them. Per Chris Cay. He is not eliable for Workmans Com if any accidents due occur associated with this issue.

Excavation has reached 10+00.

On-site walk through - Don, Tommy, Mandeth, Chris, Tiffany, & Bld.

3 Sec. Poured
3 Sec. formed

(72yrd Concrete) (130.52 Tons Rock) (T/T 30 mins)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate Meeting
Working Tight Locations

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/28/04 | REPORT NO.: 55

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 80 MIN 65

PRECIPITATION: .11 INCHES

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	17+35-16+15	Supervisor	EX200LC
b.	11+50	3 Finishers	D50
c.	14+00	1 Labor	185
d.	0+00-	4 oper.	Backhoe
e.		2 drivers	PC200LC
f.			DataRam
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 17+35-16+15 - Shotcrete - covering due to rain
11+50 - Excavation
14+00 - Forming - Bulkhead
0+00 - walking site -

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
see air monitor
Log

Previous edition may be used until exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Concrete called off at 1:30 due to rain. 2-60ft Sec. pour sc
3 panels formed. Ready to pour.
Excavation complete to
Wrecking form C ditch. finish shaping up area.

47.50 yd. concrete 8 Haybales TT 30 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Tailgate meeting to discuss Wet working conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/29/04

REPORT NO.: 86 | 69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS O

TEMPERATURE:
MAX 82 MIN 69

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp	N+60 @ G	11 labor	PC200LC
b. Gallet - 15+60	11+00-7+50 @ G	4 oper	B-50
c.		92 Finisher	185
d.		2 drivers	Backhoe
e.		1 mechanic	
f.		1 Supervisor	
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+60 - Shotcrete
A) 11+00-7+50 - excavation

(B) Gallet 15+60 - Slump 3 cylinders

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly
flocking system in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Run
(Rain)

Slump 2' 85°
1500-1560
3 cylinders

Previous Edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shotcrete was delayed – wet
2 panels poured
3 panels formed
Tommy on site taking Benchmark Shots
Compacting as they excavate
Cleaning area
Short handed on finishers (2 ont.)

48 yds 1 load 24' Rock TT 26 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/30/04

REPORT NO.: 68

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 79 MIN 61

PRECIPITATION: INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	15+00	3 Oper.	PC200LC
b.	Gallet	11+00	9 labor	B-50
c.		7+50	2 finisher	Backhoe
d.			mechanic	185
e.				
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(G) 15+00 - Shotcrete
(G) 11+00 - form and Geo
(G) 7+50 - excavation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Gallet

No Dataram info (wet)

Previous edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shotcrete complete from 15+55 - 14+35
Geo laid to 9+50
Form~~s~~ completed to 11+50
THEO excavation, compacted and gravel applied.
Excellent progress under wet conditions

54yd concrete T/T 35min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None Tailgate meet to discuss awareness.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/30/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Kay Vaughan Signature	10/30/04 Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto

Site location (City, County, State): Anniston - Calhoun - Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	31/04	1	2	3	4	5	6
Rainfall		.01	1.09	.11	1.01	0	0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

11/4/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/31/04

REPORT NO.: 55165

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS O

TEMPERATURE:
MAX 81 MIN 62

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Previous Edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: TE 11/2/04

REPORT NO.: 89/66

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 65

PRECIPITATION:
INCHES 0 .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	11+00	Supervisor	PC200LC
b.		16+50	4 oper	B-50
c.		11+95	3 finisher	185
d.		13+80-12+00	9 labor	Data Ram
e.				
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

11+00 - Pictures
16+50 - Wrecking form
11+95 - Setting up
13+80-12+00 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams still in good condition
Hoses and pipes working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(78yd Concrete) (TIT 28min)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/04

REPORT NO.: 90 (6)

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 80 MIN 70

PRECIPITATION:
INCHES 1.09

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 12t50 8t00 — 4 Oper, 9 labor, 3 finishers — PC200LC, Pumps 2', Backhoe
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

12t50 - Pouring 1 yd in Sec. incompleted from previous day
8t00 - finishing last form in that side at roadway.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams still in place and working properly
Jute dams in place for

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ran
(Rain)

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

9:00 - Rain set in. Pour 1yd in sec from previous day. Called off for day.
- Cleaning up pump, area, wrecking form.
While fixing a lip at inlet under RR. ran up on Criso, asphalt aggregate. Placed Jute checkdam and sand bagback in place.
Digging also delayed

TIT 15

(15 roll jute)
(15 Haybales)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE -

Tailgate meet to address Safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/3/04

REPORT NO.: 91/64

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 75 MIN 69

PRECIPITATION:
INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

Rain

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/04/04

REPORT NO.: 92/63

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 45 MIN 52

PRECIPITATION: INCHES 1.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. — 11 labor, Saws
b. — 1 mechanic, Backhoe
c. — 3 oper
d. — 2 drivers
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Wrecking form various Sec.
Cleaning area.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay today due to previous days weather.

T | T 20

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to cover working in cold conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/5/04

REPORT NO.: 93 | 62

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS D

TEMPERATURE:
MAX 75 MIN 45

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp various locations Backhoe 4 oper
mini backhoe 10 labor
b. 3 finishers
c. 2 drivers
d. Supervisor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Labors doing backfill

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working properly
Pipes and pumps working to direct water

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Test Net

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly technical meeting sheets, punch list

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Job still delayed due to huge amounts of water flow through G+F ditch. Pump in place but still an issue.

NO concrete or excavation due to said conditions

Crews filling in with clean dirt on various location and spreading gravel.

15 haybales

TT 35 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Proper PPE discussed in Tailgate

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/6/04

REPORT NO.: 04 11 61

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS E

TEMPERATURE:
MAX 72 MIN 36

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp various location — Mini Backhoe 2 oper; Backhoe 10 labor; Pumps mechanic
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Labor doing backfill

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly
Pumps in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test - Still wet No digging

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meetings, pump list

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Job still delayed due to water flow. Hasn't gotten bett
Pumps in place but cannot keep up.

20 Haybales

TT 20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting
Zero Tolerance
Safety first

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Anniston

Facility Contact/Title: Kay Vaughn

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/6/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughn 11/4/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street "Monsanto"

Site location (City, County, State): Anniston, Calhoun, Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/7	11/8	11/9	11/10	11/11	11/12	11/13
Rainfall	Ø	Ø	Ø	.81	.20	Ø	Ø

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vaga
Signature

11/13/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/7/04

REPORT NO.: 95/60

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 76 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. Sunday
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/8/04

REPORT NO.: 96159

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 38

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor - 12+05 - 10+95 — B-50 — 9 Labor
b. Kirkpatrick - concrete " " — PC200LC — 4 oper
c. — EX200LC — 1 mechanic
d. — 4 Backhoe — 3 Finisher
e. — 2 drivers
f. — Supervisor
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) H50 - installing conduit, laying gronet, taking grade
(B) Shotcrete delivery
(A) 12+05 - 10+95 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Grass is growing on bank of B-ditch
Checkdams are in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Data Ram

Density	D	M	%
7+10 -	104	17	97%
6+25 -	104.6	17.3	98%

11+55 - 10+95 - Slump 2' 75°
4th Truck 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Clearing Redkii from area.
2 panels poured, material applied 7+80

(T/T 25 mins) (54 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Safety meeting to discuss
Proper Care of hand tools

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/9/04

REPORT NO.: 97158

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 38

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	10+95-9+15	PC200LC	10 Labor
b. Gallet	7+50 - 6+50	EX200LC	5 Finisher
c.		Backhoe 1	1 mechanic
d.		Backhoe 2	4 oper.
e.		Bumps	2 drivers
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Shotcrete 10+95-9+15 G
(A) forming 7+50(E) -6+50E G
(A) Shaping 4+00 (W) - G
(A) Placing conduit for cable (RR) - 5+40
(B) Gallet - Pick up Cylinders

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checking pipes (PVC) for leaks
Grass coming up on B ditch,
Backfill in place C, b & D, G

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

Previous edition may be used until exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Chris contacted Kirkpatrick with concern of gradation. Engineer (BC) from Kirkpatrick guaranteed gradation (fax). Sec in question L.S 10+95 - 10+35 10+35-9+65 9+65-9+15.

Installing conduit for RR in cause in matter arises in the future with their cable system.

3 panels poured, 2 formed excavation to 12+50 (D) G

JR to fill pump up till 10:00pm.

(T/T - 22min)(91yd. Concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to address concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 11/10/04

REPORT NO.: 98157

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 39

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 3+50 — PC200LC — 2oper
b. Taylor Surveyor 10+35-9+15 — Ex 200LC — 2 driver
c. — Backhoe 1+2 — 3 finisher
d. — — 4 labor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 3+50 - Excavation
(A) 10+35 + 9+15 - Shotcrete

(B) Taylor Survey - as built shots

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams - jute - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to air monitor log

Slump 2½ 70° Sch. 40 (Gallet) 4th Truck

Previous edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

PC200 LC, backhoe - Shaping up

3rd Truck out of spec 4½ slump - truck was rejected

3 panels poured

T/T 20 mins (63yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to discuss safety.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/11/04

REPORT NO.: 99156

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 62 MIN 50

PRECIPITATION:
INCHES .81

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

3 Checkdams

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams installed 3 of 50

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Rain set in for day -

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/12/04

REPORT NO.: 100 | 57

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 70 MIN 35

PRECIPITATION:
INCHES .20

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 7+50- Backhoe — 9 labor
b. 7+10-6+50 — 4 oper
c. — 2 drivers
d. — 1 mechanic
e. — 1 supervisor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

7+50- Pumps
7+10-6+50- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO finishers showed up

1 panel was poured

NO excavation - too much water

(20 haybales) (concrete 3 cy yd) T/T 28 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ogg

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/13/04

REPORT NO.: 101 | 56

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 40

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 7+70 - 5+90 — PC 200LC
b. 4+00 - 0+00 — EX 200LC
c. — WP140
d. — Backhoe
e. — DataRam
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 7+70-5+90 - Shot Crete
(A) 4+00-0+00 - Geomat, excavation, elevation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working Properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

~~Any~~. Refer to air monitor Log

2nd Truck to Dump Rejected

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay due to concrete being out of spec. 2nd truck rejected
Progress stressed due to finishers not showing for work.
Excavation almost completed. Water cap an issue.
3 finishers released due to attendence.

(TT 32 min) (TT yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None -

Held Safety meeting to discuss attendence

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th Street

Facility Contact/Title: Don Williams

Phone Number: 8351800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: _____ County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/13/04 12:00 Am **(list: _____) which I or personnel under my direct supervision conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Ray Vaga 11/13/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): Anniston, Calhoun, AL.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/14	9/15	9/16	9/17	9/18	9/19	9/20
Rainfall	0	0	0	0	.01	.14	.05

Sampling Information

Sample Type: ~~N~~ 3 Pt Composite

Location: OT 75

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaughn
Signature

11/20/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/14/99

REPORT NO.: 102 | 56

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 62 MIN 43

PRECIPITATION:
INCHES 0

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Shirley
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/15/04 | REPORT NO. 103 | 54

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 65 MIN 34

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 7+80, 4+00, 2+50. PC200LC 2 drivers
b. Water Works (Anniston) Small Excav. Mini Backhoe 4 oper.
c. Gallet. 5+30-4+70 Backhoe 3 Foreman
d. WI40 9 labor
e. B-50 Shop Welder
f. Mechanic
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Excavation 2+50, Unclassified 7+80(G), 4+00 forming - 0+00

(B) Ann. Water Works - Checking depth of water line

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing (Wet)

(Gallet) 7th Track
4+70 - 5+30
72° 1" slump
3 cylinders

ENG FORM 1696 Previous Edition May Be Used Until Exhausted

INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

During backfill throughout Gulch

Shaping Snow Creek

Federal Judges on Site

Action pickup 2 rolloff dropped 2 off

(20 haybales) T/T-410 min (7 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ogg

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/16/04

REPORT NO.: 164/53

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 64 MIN 37

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	0700 - 1515	PC200LC	2 Finisher
b.	Kirkpatrick	0700 - 1715	Backhoe	9 labor
c.	Taylor Surveyor		WP140	1 mechanic
d.	Geller		B-50	3 driver
e.	Genisis			4 Oper
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 0700 - 1715 excavation in Snow Creek, forming, tracking fo
(B) Delivering concrete
(C) Taking as built shots
(D) Geller - Slumps, 3 cylinders
(E) Genisis - 0715 3 pt composite

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams all in place
Grass growing in areas

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dirta Rain -
Refer to Air monitor Log Sheets

Geller - 2" Slump 3 cylinders
Genisis - 0715
3 pt composite

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

delay Pump malfunction two Separate times. Last truck had to be turned away due to pump stopping.

form complete to 2+50

Excavation complete. Shaping up in Snow check area.

(15 haybales) TIT - 38 mins (77 yds)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

Tailgate meeting to discuss wet conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kacy Wright

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/17/04 | REPORT NO.: 105/52

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 72 MIN 50

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp 0+00 - 1+15	RC 200LC	14 finishers
b.	Geller	WP 140	9 labor
c.		B-35	4 oper
d.		Backhoe	1 mechanic
e.			2 drivers
f.			1 Supervisor
g.			

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 0+00, 1+15 - Spreading gravel, Shotcrete, laying fabric

By Geller Beginning Temp

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdam working Properly
PVC - NO leaks
Grass Setting up Great

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Geller -

Data Rec.
Refer to Air monitor log

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

New Pump - Broke down 2 times
Lowering form, Spreading rip rap Shoal Creek
Setting form 10+50 Bdirct.
Excavation, forming completed.
2½ panels poured

20 keybeds (TIT 45 min) (95 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Safety meeting address work with extra help.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/18/04

REPORT NO.: 106/51

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 70 MIN 50

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp — I-35 - 0+15, Shotcrete — PC 200LC — 4 finisher
b. Penhall — Ditch — WP14C — 4 labor
c. Anniston Police Officer — G-ditch — Backhoe — 1 oper
d. — — B-50 — mechanic
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) (G) I-35 - 0+15 (Shotcrete) — Shotcreting - finishing riprap around
(A) Ditch - Form work for retaining wall
(A) Trucking fill from throughout G-ditch
(B) Ditch
(C) G-ditch directing traffic

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place and working properly
PVC Pipes draining properly
Grass in various areas coming up well

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No exceptions

Core 3 sections
(1) 19+45, 20+05, 20+30
(2) 18+30, 18+30, 18+10
(3) 10+80, 10+40, 9+10

Cyl's
0+75 - 1+35
76° 2" Slump
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

See weekly tech. meeting reports

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

3 panels poured
B3 ditch - Propane pad formed
Wrecking form
Penhall took 3 core samples

(20 haybales) (86 yd concrete) (40 min T/T)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

Tailgate meeting to discuss PPE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ong

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/19/04 | REPORT NO.: 107/5D

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS B

TEMPERATURE: MAX 65 MIN 50

PRECIPITATION: INCHES .14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	D-75-1+35, D-15-0+75	PC 200LC	4 Oper.
b.	Excell		Backhoe	& Labor
c.			minixcator	1 Welder
d.			WB150	Supervisor
e.			F-150	2 Drivers
f.			135	
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) Wreck forms
(a) Backfill
(a) Shotcrete D-75-1+35, RipRap Snow Creek

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Pumps working Properly
Checkdams in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test
Rain

Called

ENG FORM 696 Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress on backfill going great
Got shoulder in Pad C prepared for
Completed shoring rip rap in Shaw Creek
1 panel left in Gulch to shot
Cover sec point today poly
Rain Pending

(30 keybars) (40min 1/1) (45 yd)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaughn

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/04

REPORT NO. 108/49

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 67 MIN 58

PRECIPITATION:
INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 0+00, 21+50, 9+00 — PC200 LC — 2 finishers
b. — mini Backhoe — 3 oper
c. — Backhoe — 9 labor
d. — W150 — mechanic
e. — — Supervisor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) 0+00 - Shot-crete
21+50 - Forming
9+00 - pouring wedge sec.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place
PVC pipes still working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Backfill to 2+50
Formed last Section 21+50(G)
Poured wedge Sec 9+00
Delay due to rain setting in

(25 Ton loads) (T/T 30 min.) (21 yd concrete

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th St

Facility Contact/Title: Kay Vaughn

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): Anniston

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/20/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughn 11/20/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch monsanto

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/21	22	23	24	25	26	27
Rainfall	1.93	2.16	1.42	.73	.001	0	.36

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

11/28/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/94

REPORT NO.: 109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX L[illegible] MIN _____

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

Sunday

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

... INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/26/04

REPORT NO.: 109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 60 MIN 58

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. Sunday
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Daugh

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/22/04

REPORT NO.: 110/47

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 64 MIN 50

PRECIPITATION:
INCHES .16

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 21+50 G-1 — 7 labor
b. — 2 driver
c. — 3 Oper
d. — Supervisor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

21+50 G-1 - Shotcrete last panel

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NONE

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meets

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay due to rain

Last Sec. Shotcrete before heavy rain sets in

action resources dropping rolloffs picking up 2

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Davis

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/23/04

REPORT NO.: 111/46

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 70 Min 60

PRECIPITATION:
INCHES .42

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B-ditch 6 labor
b. 1 oper
c. 2 drivers
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

B-ditch - taking up pvc pipe throughout ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None - Rain

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

5 action trucks picked up rolloffs

Delay due to Rain setting in

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaughn

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11-24-04 | REPORT NO.: 112/45

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 70 MIN 53

PRECIPITATION: INCHES .73

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor — B-ditch 22+00 — PC200LC — 2 oper
b. — D ditch — Backhoe — Supervisor
c. — E-ditch — 330LC — 2 driver
d. — Trackhoe
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

B-D ditch - backfill
22+00 - Riprap
E-ditch - shaping up

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Check for proper drainage

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meetings

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

4 loads ballis from railroad holding yard - Backfill B ditch

Delay Still due to flooding rain and Severe Weather

22+00 B-ditch riprap

B & C ditch backfill ballis

TT 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/25/04

REPORT NO.: 113/44

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 55 MIN 31

PRECIPITATION:

INCHES .001

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

Thanksgiving

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/26/04

REPORT NO.: 114/43

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 32

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	E-ditch	PC200LC
b.		B+G ditch	Backhoe
c.			SX200LC
d.			2 Rolloff trucks
e.			
f.			
g.			

3 oper
2 drivers
4 labor
Supervisor
EPA
Archaik

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(B-ditch) - fabric layed, wrecking form
(G-ditch) - wrecking form, cleaning debri from area
(E-ditch) Clean fence line. Preparing to lay balks, fabric

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress going well. Cleaning up trash and debri from various areas.
Getting topsoil layed down E-ditch
fabric layed down b-ditch overflow at fence
Cutting tress and scrubs down E-ditch. laying fabric & ballis
Taking area in fence down to get to E-ditch with ballis
Remove over 50 cut of 30yd into 2 20 yd. Placed in bone yard

(NO concrete) (NO Haybales) T/T 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

Tailgate to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaze

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/27/04

REPORT NO.: 115/42

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 51 MIN 38

PRECIPITATION:

INCHES .36

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

1. Taylor Corp E,D,C,B,G ditch,
2. Ultra Liner D-ditch

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

D - shaping +
C - welding forms
B - laying fabric - clean up
G - clean up
E - laying balls, shaping

(B) Ultra Liner cleaning pipe
D-ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Water to tech, meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

10:30 delay due to rain setting in
Ultra Line on site to clean pipe D-ditch
Topsoil in place ready to spread out
finish cleaning & ditch laying balls

T/T 20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

Tailgate meet to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): Anniston Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/28	11/29	11/30	12/1	12/2	12/3	12/4
Rainfall		Ø	Ø	Ø	Ø	Ø	Ø

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Op
Signature

12/3/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11-28

REPORT NO.: 116/241

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 58 MIN 42

PRECIPITATION:

INCHES .10

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Sunday
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay V

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/29/94 | REPORT NO.: 117 | 40

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 65 MIN 48

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	G-ditch 2+50	PC200 LC	8 labor
b.		B-ditch (grate)	EX200 LC	3 oper
c.		D-ditch 0+00	mini trackhoe	2 driver
d.		C-ditch	Backhoe	Mechanic
e.		E-ditch	W150	
f.			2 Roll off trucks	
g.				

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

G-ditch - busting up concrete, reforming
B-ditch - riprap - overflow area at grate
D-ditch - backfill - Hay - seed
C-ditch - spreading top soil, Hay, laying sod
E- ditch - finish up spreading ballist

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measure several locations

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

5. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

5 loads of riprap -
finishing up in various locations. 4 Concrete pipes delivered for G-ditch expantion

#2 RipRap
1263T ton T/T 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Cox

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/30/04 | REPORT NO.: 118 / 39

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 64 MIN

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. C,D,E,B,G — EX200LC 3 oper
b. — PC 200LC 7 labor
c. — backhoe 2 driver
d. — mini backhoe Supervisor
e. — Trackhoe mechanic
f. — mini trackhoe 0
g. — WL50

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) D & C - Sod
E- finish shaping ballist
B- finish shaping riprap at overflow grate
G- Install one pipe

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measure B-ditch to set pipe in
do some shaping to get good fit

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

deficiencies, retesting required, etc., with action to be taken.)

Refer weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Got 99% progress of work - 45 days ahead on schedule
100% man hour expended
Punch list completed in many areas
Sediment trap suggestion approved by John Lopez

Crushed agg. Base
2655 ton T/T 45 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay U

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 12/1/04

REPORT NO.: 119 | 38

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 61 MIN 32

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. D+C, B
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) D - Sod, Shaping, Cleanup
C - Sod, Shaping, Cleanup, laying DGA & gravel, compacting
B - Placing pipes, frenchdrain

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checking pipe, frenchdrain.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None -

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

G-ditch - got pipe covered

C-ditch - got good bit cleaned up Have pretty good way to

Roadway looking very good.

(concrete 20 yds) (15 loads Rock) (T/T 30 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Ray Vega

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 12/2/04 | REPORT NO.: 120137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 62 MIN 28

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

1. Taylor Corp - D, G, C, B	7 labor	PC200LC
2.	3 oper	EX200LC
3.	2 driver	W900
4.	Supervisor	W150
5.		Backhoe 1+2
6.		
7.		

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

D - Cleaning up RR ties, installing Sediment traps (2+50)
C - Spread DGA, Cleaning up, Sediment traps - 8+60
G Backfill - 1+49
B Sediment traps (13+45) fill in Cone Sites

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Everything coming along great.
Clean-up rapping up. few things mention needed to be done.

8 loads Rock & DGA TT 40 Mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 12/3/04

REPORT NO.: 121 | 36

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 59 MIN 29

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp B,C,G,D, PC200LC Mechanic
b. Penhall B,C, Backhoe 1f2 Supervisor
c. Trackhoe 3 oper
d. 7 labor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) B,C,G,D - Clean up - (D) ditch - Bore

(B) Penhall - milling

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checked

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

No excavation

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean-up continues to look great

Delay due to equipment in D-ditch doing bone.

(Penhill)
- Milling was completed C- 3+10, 4+00, 5+20
B- 13+50, +

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 12/04/04 | REPORT NO.: 122/35

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 60 MIN 32

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B,C,D,G,	PC200LC	3oper
b.	Bore	2drivers
c.	mini backhoe	1/2 labor
d.	mini Trackhoe	Supervisor
e.	Backhoe	
f.		
g.		

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Clean-up in all locations
D-ditch & Bore

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measuring distance for bore

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

No test

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean up almost completed
Bore going smoothly and completed
Sediment placed in Rolloff to be Sampled

2 Rolls Jute T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: _____

Facility Contact/Title: Taylor Corp

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/28 12:00 **(list:** _____**) which I or personnel under my direct supervision conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ _____ 11/28/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Kaylor Corp

Facility Street Address: _____

Facility Contact/Title: Monsanto

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 12/3/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Ray _____ 12-3-04

Name of Responsible Official **Signature** **Date**

_____

Title

May 12. 2005

COMPLETION REPORT
Volume III of III
Appendices K-T

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama

ROUX ASSOCIATES, INC.

Environmental Consulting & Management

1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX K

DUST MONITORING RESULTS

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

DATE	HOURS	APPROXIMATE GALLONS	MISCELLANOUS
8/5/04	2	3,000	Truck Traffic
8/6/04	2	3,000	Truck Traffic
8/7/04	2 1/2	4,000	Equipment Traffic
8/8/04	0	0	Sunday
8/9/04	2	3,000	Truck Traffic
8/10/04	2 1/2	4,000	Truck Traffic
8/11/04	2 1/2	4,000	Equipment Traffic
8/12/04	2	3,000	Truck Traffic
8/13/04	2 1/2	4,000	Equipment Traffic
8/14/04	2	3,000	Truck Traffic
8/15/04	0	0	Sunday
8/16/04	2	3,000	Truck Traffic
8/17/04	2	3,000	Truck Traffic
8/18/04	2 1/2	4,000	Equipment Traffic
8/19/04	2	3,000	Truck Traffic
8/20/04	0	0	Wet Conditions
8/21/04	2 1/2	4,000	Equipment Traffic
8/22/04	0	0	Sunday
8/23/04	2	3,000	Truck Traffic
8/24/04	2 1/2	4,000	Equipment Traffic
8/25/04	0	0	Rain
8/26/04	2	3,000	Truck Traffic
8/27/04	2 1/2	4,000	Equipment Traffic
8/28/04	2 1/2	4,000	Equipment Traffic
8/29/04	0	0	Sunday
8/30/04	2	3,000	Truck Traffic
8/31/04	2	3,000	Truck Traffic
9/1/04	0	0	Wet Conditions
9/2/04	0	0	Wet Conditions
9/3/04	0	0	Wet Conditions
9/5/04	0	0	Sunday
9/6/04	0	0	Holiday
9/7/04	0	0	Wet Conditions
9/8/04	0	0	Wet Conditions
9/9/04	0	0	Wet Conditions
9/10/04	0	0	Wet Conditions
9/11/04	0	0	Wet Conditions
9/12/04	0	0	Sunday
9/13/04	2 1/2	4,000	Equipment Traffic
9/14/04	2 1/2	4,000	Equipment Traffic
9/15/04	0	0	Wet Conditions
9/16/04	0	0	Hurricane
9/17/04	0	0	Wet Conditions
9/18/04	2 1/2	4,000	Equipment Traffic
9/19/04	0	0	Sunday
9/20/04	1	1,000	Dry Conditions
9/21/04	1	1,000	Dry Conditions
9/22/04	0	0	No Excavation
9/23/04	0	0	No Excavation
9/24/04	2 1/2	4,000	Equipment Traffic

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

9/25/04	0	0	No Excavation
9/26/04	0	0	Sunday
9/27/04	1	1,000	Equipment Traffic
9/28/04	0	0	Low Equipment Traffic
9/29/04	0	0	No Traffic
9/30/04	0	0	No Traffic
10/1/04	2	2,000	Truck Traffic
10/2/04	0	0	No Traffic
10/3/04	0	0	Sunday
10/4/04	3	3,000	Equipment Traffic
10/5/04	0	0	No Excavation
10/6/04	0	0	No Excavation
10/7/04	0	0	Low Equipment Traffic
10/8/04	0	0	Low Equipment Traffic
10/9/04	0	0	Rain
10/10/04	0	0	Sunday
10/11/04	0	0	Rain
10/12/04	0	0	Wet Conditions
10/13/04	0	0	Wet Conditions
10/14/04	0	0	Low Equipment Traffic
10/15/04	0	0	Wet Conditions
10/16/04	0	0	Illness
10/17/04	0	0	Sunday
10/18/04	0	0	No Equipment Traffic
10/19/04	0	0	Rain
10/20/04	0	0	Wet Conditions
10/21/04	0	0	Wet Conditions
10/22/04	0	0	Low Equipment Traffic
10/23/04	0	0	Wet Conditions
10/24/04	0	0	Sunday
10/25/04	0	0	Wet Conditions
10/26/04	0	0	Wet Conditions
10/27/04	0	0	Rain
10/28/04	0	0	Rain
10/29/04	0	0	Rain
10/30/04	0	0	Wet Conditions
10/31/04	0	0	Sunday
11/1/04	0	0	Wet Conditions
11/2/04	0	0	Rain
11/3/04	0	0	Rain
11/4/04	0	0	Rain
11/5/04	0	0	Wet Conditions
11/6/04	0	0	Wet Conditions
11/7/04	0	0	Sunday
11/8/04	0	0	Wet Conditions
11/9/04	0	0	Wet Conditions
11/10/04	0	0	Low Equipment Traffic
11/11/04	0	0	Rain
11/12/04	0	0	Low Equipment Traffic
11/13/04	0	0	Low Equipment Traffic
11/14/04	0	0	Sunday

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

11/15/04	0	0	Low Equipment Traffic
11/16/04	0	0	Wet Conditions
11/17/04	0	0	Wet Conditions
11/18/04	0	0	Wet Conditions
11/19/04	0	0	Wet Conditions
11/20/04	0	0	Wet Conditions
11/21/04	0	0	Wet Conditions
11/22/04	0	0	Wet Conditions
11/23/04	0	0	Rain
11/24/04	0	0	Wet Conditions
11/25/04	0	0	Holiday
11/26/04	2	3,000	Low Equipment Traffic
11/27/04	1	1,000	Low Equipment Traffic
11/28/04	0	0	Sunday
11/29/04	3	4,000	Low Equipment Traffic
11/30/04	1	1,000	Low Equipment Traffic
12/1/04	0	0	No Equipment Traffic
12/2/04	1	1,000	Low Equipment Traffic
12/3/04	1	1,000	Low Equipment Traffic
12/4/04	1	1,000	Low Equipment Traffic
12/5/04	0	0	Sunday

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/13/01
PROJECT NUMBER 0400 7	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 91	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO readings
				above background

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellers — DATE: 8/13/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 8/6/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) 86			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO readings
				above background

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE Don Ellis (Health & Safety Officer) DATE: 8/6/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/7/04
PROJECT NUMBER 21007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) 84	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Non above
				limits

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Dan Eller DATE: 8/7/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/8/01
PROJECT NUMBER 84007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Elder
Health & Safety Officer

DATE: 8/8/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/9/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) SS		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No readings above Spec

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis DATE: 8/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/16/64
PROJECT NUMBER 04007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 82		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		1500		avg 68.4 ug/m3
				max 87.4 ug/m3
		1400		Avg 66.4
				Max 93.0
		1300		Avg 70.2
				Max 93.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Fuller
Health & Safety Officer

DATE: 8/16/64

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) SK		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				AVG 1.27 mg/m3
				MAX 1.76 mg/m3
				Trace Hydrocarbons
				ET 2:20

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis
Health & Safety Officer

DATE: 5/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/12/14
PROJECT NUMBER 04037	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 75 Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
			8:00	
PID			1	0.1 ug (08.24 hrs)
			1	
			12:00	
			1	
			1	0.2 ug 11:32
			1	
			3	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Eller Health & Safety Officer DATE: 8/12/14

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy 78° W		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		11&25		
				Org 80.5 mg
				MGX 249.4 mg
				TWA 65.5
				OT 7 hrs.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/13/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/14/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 70's (hz)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		Ditch		Avg 5126
				max

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Dan Elliott Health & Safety Officer

DATE: 8/14/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/15/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis Health & Safety Officer DATE: 5/15/04

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		8/16/04
PROJECT NUMBER: 84007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 86 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		B-ditch		Avg 1114.3
				Max 1193.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Tyler Elder — Health & Safety Officer

DATE: 8/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/17/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam		B-DT-15	7:00	
				Avg 54.4 ug/m3
				max 320.6
				Stel 82.5 ug

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 8/17/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/18/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 89 wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No data.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ethier DATE: 5/18/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/19/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions) 0 C, Wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO ALERTS
				Wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 5/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/20/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain PD, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Alerts
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 8/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy 83, W		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No dirty
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/21/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/22/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/22/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/23/11
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 87 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		4700		
				Avg 72.0
				max 118.7
				Et 8½ hrs

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellen
Health & Safety Officer

DATE: 8/23/11

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/24/07
PROJECT NUMBER 24007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram			1477	
				Avg. 88.2
				max 1.27
				Intervals
				9T 9hrs

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Karen Doherty Health & Safety Officer DATE: 8/24/07

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/25/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C cl. wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Det. Ram		C-ditch		Avg. 52.5 ug/m
				Max 142.5 ug/m
				TWA 60.1 ug/m

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Ux Don Ellis
Health & Safety Officer

DATE: 8/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/26/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) cloudy 89, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dan Ram		DTS 3		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S/Dan Ellwood Health & Safety Officer DATE: 8/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/27/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 92, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dust Ram		7+50		
				AVG. 29.5
				max 393.1

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S/Dufour Health & Safety Officer DATE: 8/27/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/25/01
PROJECT NUMBER 04021	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 70, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		6+36	7:00	
			5:00	Avg. 75.7
				WTX 4645
				TWA 63.6
				ET 10h

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Associates DATE: 5/28/01
Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/29/01
PROJECT NUMBER 34007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 90		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray D. Stoeller, Health & Safety Officer DATE: 8/29/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/30/09
PROJECT NUMBER 24007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 88		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam		LL40	7:00	
			1	Avg 78.7
				max 286.6
			9:00	
				GT 1300 ug

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Associates DATE: 5/30/09

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/31/02
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Fil, 88		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dust Pro		1+90	7-5	
				AVG 0.6-5
				MAX 2.80.11
				BT 10m.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S / Dr-Ellis DATE: 8/31/02

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/1/04
PROJECT NUMBER 0400-7	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 90, wet, cloudy		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Ditch Run				
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 9/1/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/2/04
PROJECT NUMBER D4007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C, 91, Wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray J Health & Safety Officer DATE: 9/2/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/3/04
PROJECT NUMBER 84007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC, 81 deg		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	38.7 / 43.6	2+80	7:00	
	22.2 / 29.6		8:00	
	22.7 / 29.3		9:00	
	20.4 / 28.2		10:00	
	20.2 / 28.0		11:00	
	36.6 / 40.1		12:00	
	17.2 / 26.6		1	
	15.5 / 20.2		2	
	15.8 / 20.0		3	
	15.4 / 18.7		4	
	14.0 / 18.2		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vog — Health & Safety Officer

DATE: 9/3/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/4/04
PROJECT NUMBER 84007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85, hot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vo — Health & Safety Officer

DATE: 9/4/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/5/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay W. S. DATE: 9/5/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/6/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Holiday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly
Health & Safety Officer

DATE: 9/6/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/7/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 76 Dot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray S Health & Safety Officer DATE: 9/7/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/8/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 76, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/8/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/9/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 75, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Condition

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 9/10/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear / 89 / Dry			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dets Ram	Normal	07 CO	9:15	Conc 25.6 TWA 55.2
	Normal	" "	10:15	TWA 40.1 Conc 21.8
	Normal	" "	3:00	TWA 18 Conc 0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vogt
Health & Safety Officer

DATE: 9/10/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/11/04
PROJECT NUMBER 0407	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear / 80's / Dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Calfactor 100%
DataRam	normal	St 37	9:00	Conc 22.4 / TWA 047.3
	normal		10:00	Con 32.1 / TWA 34.4
	normal		11:00	Conc 41.0 / TWA 28.1
	normal		12:00	conc 12.2 / TWA 25.8
	n/a		1:00	@ N/A
	n/a		2:00	n/a
	n/a		3:00	12 / 23

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vogt — Health & Safety Officer

DATE: 9/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/12/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		Sunday		
		NO		
		WORK		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/12/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 71, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	Normal	St 00	11:15	Conc 021.5 / TWA 014.0
			1:15	Conc 009.2 / TWA 022.0
			4:15	21.9 / TWA 021.8

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 9/13/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/14/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Partly, 80, F		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	Normal	2450	9:00	Conc 18.0 / TVA 29.2
			10:00	14.9 24.5
			1:00	15.6 19.3
			2:00	8.3 17.4
				18.7 16.2
				TWA - 016.1
				MinC 003.1
				MaxC 498.3
				Start Time 7:41
				ET 9:00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kayla
Health & Safety Officer

DATE: 9/14/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/15/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) S		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	Normal	13TSO	9:00	conc 28.4 TWA 38.4
				Did 84 off when pu
				9:20 - Alarm in roadway
	(Rain)			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/15/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/16/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	NO	WORK		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 9/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/16/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 84 Partly Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	N/A			
NO	DUST			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/17/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/18/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83 / sunny / dump	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dielectric	Neg	17+00	7:00	Core 24 TMP 38
	Neg		12:00	0 15.0
	Neg		1:00	0 15.3
	Neg		2:00	0 14.5

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Randy J. Health & Safety Officer

DATE: 9/18/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/19
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay
Health & Safety Officer

DATE: 9/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/20
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C - 81 - Dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram				003.1 avg/mg/m3
				MAX 225.3
				TWA 001.4
				ST - 8.00
				ET 8.00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/20

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/21/04
PROJECT NUMBER 94007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83 dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION BL2200	TIME 9:00	COMMENTS Con 12.6 TOX 16.1
DrägerKan	Normal	22+00	9:00	12.6 16.1
	Normal	22+00	12:00	5.3 11.6
	" "	22+00	1:30	5.0 11.0
	" "	22+00	4:00	3.2 10.0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/22/11
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 8/6-83-Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
			7-	Avg 13.9 ug/m3
			04	Max 073.9 ug/m3
				Min 00.0
			405	
				ET 9
	NO Exceedings			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/22/11

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/23/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 80-87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam				Not Excavating Just run for observation.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Uyz
Health & Safety Officer

DATE: 9/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/24/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) O / 88 / D14		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Located next to train, may have caused more dust than usual
				E/T 9:54
				E/T 3:00
				TWA 0318
				MAXC 0911
				MAXC 7825

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/24/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/25/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION (D)	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85, Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				TWA - 049.3
				Avg 119.8
				Max 01.53
				Min. 013.8
				ST 7.15
				ET 8.00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vaz
Health & Safety Officer

DATE: 9/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/24/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Shady

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/24/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/27/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram				
				S/T 11:00
				E/T 5:00
				TWA 0.8 ug/m3
				MinC 005.2
				MAXC. 048.9
				Avg. 033.2

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/27/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/28/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P-cloudy, 85, P		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc. T-H
Data Ram		18+22 B	8:30	99.7 126.3
			9:30	66 108.0
			11:45	39.8 87.1
		T+22 B	1:00	66.0 94.3

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/28/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/29/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION 1	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P-Cloudy 82, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc TWA
DataRam		1400 (18)	10:00	100.2 147.8
		" "	10:50	85.3 139.9
		" "	12:00	32.8 102.6
		" "	3:00	17.5 66.6
		" "	5:00	20.3 61.3
				S/T 7:45 mg/m3
				C/T 9:00
				TWA 0023
				Min. 0012
				Max. 848.8
				Avg. 120.1

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/29/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/30/04
PROJECT NUMBER 041007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 82 day, Sunny		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam				
	NO EXCAVATING			
				S/I 7:55
				F/T 10:04
				TWA 027.4 ug/m3
				MIN - 000.0 ug/m3
				MAX - 01.96 " "
				AVG 080.0 " "

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/30/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/1/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 02 dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/1/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/2
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 54 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excursions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kayla Health & Safety Officer DATE: 10/2/03

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/3
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U Health & Safety Officer DATE: 10/3/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/4/04
PROJECT NUMBER 21007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 88	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		7th & C	7:00	
			5:00	
				0[illegible].1 ug/m3 1hr
				Min [illegible] ug/m3
				Max [illegible] ug/m3
				Avg [illegible]

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] DATE: 10/4/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/5/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				SP2 1.00
				FT - 0.0 ppm
				TWA 930.7 ug/m3
				AVG 111.3 ug/m3
				Max 450.2 ug/m3
				Min 35.9 ug/m3

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/5/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		10/6/04
PROJECT NUMBER: 24007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85°, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc	COMMENTS TWA
			9:00	025.7	057.7
			10:20	022.7	077.8
			12:00	029.5	059.9
			2:00	009.2	052.6
				Avg. 053.7	
				MAXC - 403.0	
				MinC - 018.1	
				TWA 064.9	
				ST 7:00	
				ET 10hr.	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/6/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/7/04
PROJECT NUMBER 04667	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 73, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Detaram		THD	1100	TWA E/T
			500	10hr
				TWA 069.4
				MinC-005.9 ug/l
				MAXC 36.87 mg/m
				Avg. 053.7

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 10/7/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/8/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C-74-avg			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Draeger				
				ST 7:00
				ET 10hr
				TWA 019.6 ug/m3
				AVGC 075.9 ug/m3
				MINC 059.3
				MAXC 250.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/8/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/9
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) WC 74, C	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 9/10/04
PROJECT NUMBER	LEVEL OF PROTECTION		
DESCRIPTION OF SITE: (weather, temp. soil conditions)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sundays

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Wz — DATE: 10/10/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 74, Lot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Ux — Health & Safety Officer

DATE: 10/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/12
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 80, L	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				RAD

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/12/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 67, Odor		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	Normal	Ditch		
	0.2 (0.8) (T)	"	5:00	
	0.7 (0.2) (T)	" "	9:00	Avg. 043.3 ug/m³
	0.3 (0.6) (T)	" "	10:00	
	0.2 (0.2) (T)		11:00	MAX: 273.8
	29.8 (0.5) (T)		12:00	
	0.0 (0.6)		1:00	MIN: 017.6
	0.1 (0.3) (T)		2:00	
	0.0 (0.2) (T)		3:00	TWA = 039.3
	0.0 (0.3) (T)		4:00	
	0.2 (0.4) (T)		5:00	ST - 100
				CT 100.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/13/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/14/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 67, dry Zone / TWN		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Draeger	048.2 / 053.5	Facility	1:00	
	049.9 / 057.2			SIT 1:00
	046.7 / 072.0			FIT 10hr
	044.3 / 050.0			
	025.5 / 051.7			Grd. 075.0 ug/m3
	029.8 / 060.4			TWN 064.0 ug/m3
	001.0 / 002.2			Max C 397.6
	046.6 / 052.0			Min C - 045.0
	049.9 / 048.8			
	030.4 / 032.6			
	000.0 / 017.4			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/14/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/15/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P. Cloudy, 60's, dry Conc / TWA		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	025.7 / 057.7	F-	7	ST- 7:00
	022.7 / 077.8		8	ET- 10hr
	029.5 / 059.9		9	
	009.2 / 0526		10	Max 575.4 Rock delayed
	000.0 / 011.4		11	Set it off.
	000.0 / 015.2		12	Min C. 000.0
	010.01 011.6		1	TWA 012.9
	006.4 / 021.2		2	
	010.2 / 018.6		3	
	0000 / 009.4		4	
	002.0 / 009.8		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 10/15/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/16/07
PROJECT NUMBER 36007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 72 cdy		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/11/01
PROJECT NUMBER	LEVEL OF PROTECTION		
DESCRIPTION OF SITE: (weather, temp. soil conditions)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Wy — Health & Safety Officer

DATE: 10/11/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/18/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/Cloudy, 79, dry			
conc / TWA			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	28.3 / 39.3	22+50	9:00	Start a.g
	14.3 / 27.4		10:00	
	003.8 / 19.1		11:00	
	000.0 / 06.3		12:00	S/T 9:00
	019.2 / 027.2		1:00	E/T 7 hr.
	002.9 / 014.1		2:00	Avg. 020.7
	005.8 / 017.4		3:00	Max 325.2 ug/m3
	002.6 / 016.6		4:00	Min 000.0 ug/m3
				TWA - 022.0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/18/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/19/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				ND Detig
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Laughner Health & Safety Officer

DATE: 10/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/20
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 73, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/20/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, wet 78°		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Data
				(wet)

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/22/01
PROJECT NUMBER 0007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	46.1/51.6			
	48.1/52.0			
	49.1/45.0			
	44.2/53.2			
	60.0/66.6			
	61.1/66.1			
	42.6/46.2			
	41.1/46.0			
	38.6/40.6			
	32.6/47.5			
	32.2/47.4			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/22/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/23/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny / 73, dry			
	Conc / TWA		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	42.2 / 51.7		7:00	located near
	27.2 / 33.4		8:00	train.
	27.6 / 35.2		9:00	
	22.5 / 25.5		10:00	
	22.2 / 25.6		11:00	
	27.0 / 26.6		12:00	
	21.6 / 24.7		1	
	42.6 / 52.3		2	
	21.6 / 24.6		3	
	19.5 / 26.6		4	
	19.2 / 26.3		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/29
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunny

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U DATE: 10/29/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		10/25/04
PROJECT NUMBER 0007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 18S, dry		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	17.2 / 20.9	18+50	7:00	Avg 17.2
	14.6 / 19.4	↓	8:00	
	07.0 / 12.3	17+00	9:00	MAX 46.6
	07.6 / 12.6		10:00	
	00.00 / 06.2		11:00	BT 4 hr
	00.04 / 08.6		12:00	
	0.031 / 08.4		1	
	0.021 / 04.4		2	
	0.001 / 06.4		3	
	0.02 / 06.6		4	
	0.021		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/26/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, Dry 82			

conc / TWA

INSTRUMENT DataRam	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	49.2 / 55.6	17+00	7:00	Avg. 028.5
	48.6 / 52.0		8:00	Max. 1.98 mg/m3
	32.2 / 36.30		9:00	Min C 04.5 ug/m3
	20.2 / 29.6		10:00	TWA 024.2 mg/m3
	21.2 / 22.2		11:00	
	20.0 / 22.1		12:00	S/T. 7:00
	26.2 / 30.0		1	
	20.1 / 22.6		2	ET. 10hr.
	19.6 / 20.6		3	
	19.2 / 20.4		4	
	04.4 / 18.1		5	
	[illegible]		[illegible]	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/26/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/27/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 80, Dry		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	55.0 / 62.2	11+00	7:00	
	51.2 / 62.1		8:00	Avg. 05.6
	42.6 / 55.4		9:00	
	41.6 / 52.2		10:00	MAX C - 141.6
	39.9 / 44.4		11:00	min C - 39.0
	40.7 / 46.4		12:00	TWA - 44.1
	41.1 / 45.6		1	
	39.1 / 43.3		2	S/T 7:00
	46.3 / 59.9		3	E/T 10hr.
	39.6 / 42.4		4	
	39.2 / 45.8		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vargo
Health & Safety Officer

DATE: 10/27/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/28/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 80, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Data
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: KGV Health & Safety Officer

DATE: 10/28/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/29/04
PROJECT NUMBER 24027	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain / 85°	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Dets
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vogel — Health & Safety Officer

DATE: 10/29/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/30/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 79, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO info.
				wet conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Davis — Health & Safety Officer DATE: 10/30/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/31
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Shutting

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/31 10:1

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/1/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 82° dry			

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	49.2 / 52.2	4+50	7:00	
	42.6 / 49.0		8:00	Avg. 027.6 ug/m3
	33.3 / 43.4		9:00	
	27.6 / 32.6		10:00	MAX 052.3 ug/m3
	27.4 / 32.4		11:00	
	27.6 / 32.6		12:00	Min 022.3
	52.6 / 62.6		1	
	27.4 / 30.0		2	SIT 7:00
	27.2 / 30.6		3	
	22.3 / 28.4		4	EIT 10:00
	22.4 / 28.5		5	
				TWA 024.6

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/1/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/2
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 80, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/2/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/3/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 75° Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roy U. Health & Safety Officer

DATE: 11/3/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/4
PROJECT NUMBER 04007	LEVEL OF PROTECTION 13		
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 65, wet			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer

DATE: 11/4/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/6/04
PROJECT NUMBER 94007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 72 Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Testing
				Wet
				NO Digging

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 11/1/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/7/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/7/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/8/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 70's, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly
Health & Safety Officer

DATE: 11/08/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/9/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 70, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/10/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny / 70°	
Conc / TWA	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	024 - 027	1700	7:00	
	006 - 008		8:00	
			9:00	
			10:00	
			11:00	
			12:00	
			1:00	
			2	
			3	
			4	
			5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vaughan Health & Safety Officer DATE: 11/10/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 62 wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly DATE: 11/11/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/12
PROJECT NUMBER 94007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 70, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet
				conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U
Health & Safety Officer

DATE: 11/12/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/13/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C LeO, dry Core / Twn		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	32.0 / 35.2	0400	7:00	
	22.2 / 25.0		8:00	AVG 09.1 mg/m3
	15.3 / 20.1		9:00	
	15.0 / 20.1		10:00	Max 32.0 mg/m3
	10.6 / 14.0		11:00	
	00.0 / 04.0		12:00	Min 00.0 mg/m3
	00.0 / 09.8		1	
	00.0 / 09.7		2	TWA 04.1
	01.1 / 4.7		3	
	09.1 / 10.1		4	ST 7:00
	00.0 / 01.1		5	
				ET 10hr

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kgll Health & Safety Officer DATE: 11/13/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/14/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roy U. DATE: 11/14/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/15/01
PROJECT NUMBER	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 165 | wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/15/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/16/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Wet, 60	PC	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 11/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/17/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C/ 72° (W)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Readings

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/17/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/18
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 70° (V)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/18/21

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		**H/S OFFICER**	**DATE:** 11/19/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 45°			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/19/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	**H/S OFFICER** **DATE:** 11/29/01
PROJECT NUMBER 01007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 60°	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Cox Health & Safety Officer DATE: 11/29/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/21/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet
				Standing

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Lynn DATE: 11/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) R, 60, 10	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 11/21/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/22/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Cold, Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/22/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/23/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) R, 10, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 11/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/24/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Cold, Wet			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S Health & Safety Officer DATE: 11/24/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/25/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 55, dry, Sunny		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Thanksgiving

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/25

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/26
PROJECT NUMBER 34007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 40, Sunny, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				(wet.)

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 11/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/27/07
PROJECT NUMBER 0400 7	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) K, SI, 1.4		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: ROUX Health & Safety Officer DATE: 11/27/07

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/25/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Standby

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/28/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/29
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 62 Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer

DATE: 11/29/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/30
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 60, Lgt		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO
				Excavations

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/30/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 12/01/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) D, 61, S		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer

DATE: 12/01/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 12/03
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 55, 58, D	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO EXCAVATION

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 12/03/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 12/5/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) S, 59, D	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE:_____ DATE:_____

Health & Safety Officer

APPENDIX L

SOIL SAMPLE DATA PACKAGES

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S447912
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/03/2004
Sampled By: Client
Sample Received Date: 08/26/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S447912
Date Received: 08/26/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-1 COMP	S447912*1	Solid	08/23/2004 13:46

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-1	RR-1 COMP	Solid	08/26/04	08/23/04 13:46	

Parameter	Units	Lab Sample IDs 47912-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<160
Aroclor-1221	ug/kg dw	<320
Aroclor-1232	ug/kg dw	<160
Aroclor-1242	ug/kg dw	<160
Aroclor-1248	ug/kg dw	<160
Aroclor-1254	ug/kg dw	1400
Aroclor-1260	ug/kg dw	1800
Aroclor 1268	ug/kg dw	1700
Surrogate - TCX *	%	100 %
Surrogate - DCB *	%	3200 %*F36
Percent Solids		85
Dilution Factor		4
Prep Date		08/30/04
Analysis Date		09/02/04
Batch ID		0830Q
Quantitation Factor		3.997

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-2	Method Blank	Solid	08/26/04		
47912-3	Lab Control Standard % Recovery	Solid	08/26/04		
47912-4	LCS Accuracy Control Limit (%R)	Solid	08/26/04		
47912-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 47912-2	47912-3	47912-4	47912-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	64 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	85 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	65 %	59 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	82 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		08/30/04	08/30/04		
Analysis Date		08/31/04	08/31/04		
Batch ID		0830Q	0830Q		
Quantitation Factor		0.9990			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-6	LCS - 093 Custom	Solid	08/26/04		
47912-7	True Value - 093 Custom	Solid	08/26/04		
47912-8	% Recovery - 093 Custom	Solid	08/26/04		
47912-9	Accuracy Limits - 093 Custom	Solid	08/26/04		

Parameter	Units	Lab Sample IDs 47912-6	47912-7	47912-8	47912-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1000	1500	67 %	44-188 %
Aroclor-1254	ug/kg dw	2600	3000	87 %	45-170 %
Aroclor-1260	ug/kg dw	2000	2000	100 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	110		65 %	30-150 %
Surrogate - DCB *	%	190		112 %	30-150 %
Dilution Factor		1		1	
Prep Date		08/30/04		08/30/04	
Analysis Date		08/31/04		08/31/04	
Batch ID		0830Q	0830Q	0830Q	
Quantitation Factor		10.00			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-10	Matrix Spike Result (Batch)	Solid	08/26/04		
47912-11	Matrix Spike % Recovery	Solid	08/26/04		
47912-12	Matrix Spike Duplicate Result	Solid	08/26/04		
47912-13	Matrix Spike Duplicate % Recovery	Solid	08/26/04		
47912-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 47912-10	47912-11	47912-12	47912-13	47912-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	330	87 %	290	76 %	24-132 %
Aroclor-1260	ug/kg dw	290	76 %	270	71 %	28-153 %
Surrogate - TCX *	%	14	74 %	11	58 %	30-150 %
Surrogate - DCB *	%	27	142 %	25	132 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		08/30/04	08/30/04	08/30/04	08/30/04	
Analysis Date		09/01/04	09/01/04	09/01/04	09/01/04	
Batch ID		0830Q	0830Q	0830Q	0830Q	
Quantitation Factor		0.9993		1.000		

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-15	Precision (%RPD) MS/MSD	Solid	08/26/04		
47912-16	MS Precision Advisory Limit (%RPD)	Solid	08/26/04		

Parameter	Units	Lab Sample IDs 47912-15	47912-16
PCB's (8082)			
Aroclor-1016	%	13 %	<50 %
Aroclor-1260	%	7.1 %	<50 %
Batch ID		0830Q	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S447912

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Serial Number 35181

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

OJECT REFERENCE	PROJECT NO.	PROJECT LOCATION (STATE)
11th St. Ditch		AL
L (LAB) PROJECT MANAGER	P.O. NUMBER	CONTRACT NO.
L. Bulizia		
IENT (SITE) PM	CLIENT PHONE	CLIENT FAX
C. Branchfield		
IENT NAME	CLIENT E-MAIL	
Solutia		
IENT ADDRESS		
OMPANY CONTRACTING THIS WORK (if applicable)		
Genesis Project		

MATRIX TYPE (COMPOSITE (C) OR GRAB (G) INDICATE): AQUEOUS (WATER); SOLID OR SEMISOLID; AIR; NONAQUEOUS LIQUID (OIL, SOLVENT,...)

REQUIRED ANALYSIS: PCB 8082/125mL; 4°C PRESERVATIVE

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊗
DATE DUE 9/8/04
EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE

NUMBER OF COOLERS SUBMITTED PER SHIPMENT:

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	SOLID OR SEMISOLID	NONAQUEOUS LIQUID	NUMBER OF CONTAINERS SUBMITTED	REMARKS
~~8/23~~						
8/23/04	1346	RR-1 COMP	✓		1	

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS			M.H. McCall	8/25/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT: YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	082604	0900			544-7912	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448498
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/22/2004
Sampled By: Client
Sample Received Date: 09/11/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448498
Date Received: 09/11/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-2 (COMP)	S448498*1	Solid	09/10/2004 12:10

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-1	RR-2 (COMP)	Solid	09/11/04	09/10/04 12:10	

Parameter	Units	Lab Sample IDs 48498-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<37
Aroclor-1221	ug/kg dw	<74
Aroclor-1232	ug/kg dw	<37
Aroclor-1242	ug/kg dw	<37
Aroclor-1248	ug/kg dw	<37
Aroclor-1254	ug/kg dw	130
Aroclor-1260	ug/kg dw	270
Aroclor 1268	ug/kg dw	320
Surrogate - TCX *	%	56 %
Surrogate - DCB *	%	722 %*F36
Percent Solids		90
Dilution Factor		1
Prep Date		09/17/04
Analysis Date		09/20/04
Batch ID		0917N
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-2	Method Blank	Solid	09/11/04		
48498-3	Lab Control Standard % Recovery	Solid	09/11/04		
48498-4	LCS Accuracy Control Limit (%R)	Solid	09/11/04		
48498-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 48498-2	48498-3	48498-4	48498-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	54 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	70 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	76 %	48 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	88 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		09/17/04	09/17/04		
Analysis Date		09/20/04	09/20/04		
Batch ID		0917N	0917N		
Quantitation Factor		1.000			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-6	LCS - 093 Custom	Solid	09/11/04		
48498-7	True Value - 093 Custom	Solid	09/11/04		
48498-8	% Recovery - 093 Custom	Solid	09/11/04		
48498-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 48498-6	48498-7	48498-8	48498-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1500	1500	100 %	44-188 %
Aroclor-1254	ug/kg dw	2400	2900	83 %	45-170 %
Aroclor-1260	ug/kg dw	2000	2000	100 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	100	160	62 %	30-150 %
Surrogate - DCB *	%	190	160	119 %	30-150 %
Dilution Factor		1		1	
Prep Date		09/17/04		09/17/04	
Analysis Date		09/20/04		09/20/04	
Batch ID		0917N	0917N	0917N	
Quantitation Factor		9.804			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-10	Matrix Spike Result (6303-3K)	Solid	09/11/04		
48498-11	Matrix Spike % Recovery	Solid	09/11/04		
48498-12	Matrix Spike Duplicate Result	Solid	09/11/04		
48498-13	Matrix Spike Duplicate % Recovery	Solid	09/11/04		
48498-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 48498-10	48498-11	48498-12	48498-13	48498-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	220	54 %	250	61 %	24-132 %
Aroclor-1260	ug/kg dw	230	56 %	240	58 %	28-153 %
Surrogate - TCX *	%	10	50 %	11	55 %	30-150 %
Surrogate - DCB *	%	29	145 %	28	140 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		09/17/04	09/17/04	09/17/04	09/17/04	
Analysis Date		09/20/04	09/20/04	09/20/04	09/20/04	
Batch ID		0917N	0917N	0917N	0917N	
Quantitation Factor		1.000		1.000		

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-15	Precision (%RPD) MS/MSD	Solid	09/11/04		
48498-16	MS Precision Advisory Limit (%RPD)	Solid	09/11/04		

Parameter	Units	Lab Sample IDs 48498-15	48498-16
PCB's (8082)			
Aroclor-1016	%	0 %	<50 %
Aroclor-1260	%	4.4 %	<50 %
Batch ID		0917N	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448498

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Serial Number 08608

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

EVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

ECT REFERENCE: 4th Street Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	MATRIX TYPE
LAB) PROJECT MANAGER: J. Gulizia	P.O. NUMBER	CONTRACT NO.	REQUIRED ANALYSIS
NT (SITE) PM: B. Bamchfield	CLIENT PHONE	CLIENT FAX	
NT NAME: Golder	CLIENT E-MAIL		
NT ADDRESS			
MPANY CONTRACTING THIS WORK (if applicable): Genesis Project / Golder			

PAGE 1 OF 1

STANDARD REPORT DELIVERY ☒

DATE DUE _____

EXPEDITED REPORT DELIVERY (SURCHARGE) ○

DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	PCB 8082 (25 ml/amber)	PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/04	1210	RR-2 (comp)	C		/				4°C	1	Level II

TEMP. 4.9

RELINQUISHED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE 9/10/04	TIME 1700	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
RECEIVED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	9/10/04	10:05			08608	

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448972
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/04/2004
Sampled By: Client
Sample Received Date: 09/23/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448972
Date Received: 09/23/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-3	S448972*1	Solid	09/22/2004 14:20

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-1	RR-3	Solid	09/23/04	09/22/04 14:20	

Parameter	Units	Lab Sample IDs 48972-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<38
Aroclor-1221	ug/kg dw	<78
Aroclor-1232	ug/kg dw	<38
Aroclor-1242	ug/kg dw	<38
Aroclor-1248	ug/kg dw	120P J
Aroclor-1254	ug/kg dw	230
Aroclor-1260	ug/kg dw	300
Aroclor 1268	ug/kg dw	210
Surrogate - TCX *	%	53 %
Surrogate - DCB *	%	305 %*F36
Percent Solids		86
Dilution Factor		1
Prep Date		09/24/04
Analysis Date		09/29/04
Batch ID		0924N
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-2	Method Blank	Solid	09/23/04		
48972-3	Lab Control Standard % Recovery	Solid	09/23/04		
48972-4	LCS Accuracy Control Limit (%R)	Solid	09/23/04		
48972-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 48972-2	48972-3	48972-4	48972-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	76 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33	73 %	28-153 %	J.KELLAR
Aroclor-1260	ug/kg dw	<33			J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	82 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	76 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		09/24/04	09/24/04		
Analysis Date		09/29/04	09/29/04		
Batch ID		0924N	0924N		
Quantitation Factor		1.000			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-6	LCS - 093 Custom	Solid	09/23/04		
48972-7	True Value - 093 Custom	Solid	09/23/04		
48972-8	% Recovery - 093 Custom	Solid	09/23/04		
48972-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 48972-6	48972-7	48972-8	48972-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1300	1500	87 %	44-188 %
Aroclor-1254	ug/kg dw	2700	3000	90 %	45-170 %
Aroclor-1260	ug/kg dw	2200	2000	110 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	110	160	65 %	30-150 %
Surrogate - DCB *	%	190	160	112 %	30-150 %
Dilution Factor		1		1	
Prep Date		09/24/04		09/24/04	
Analysis Date		09/29/04		09/29/04	
Batch ID		0924N	0924N	0924N	
Quantitation Factor		10.00			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-10	Matrix Spike Result (Batch)	Solid	09/23/04		
48972-11	Matrix Spike % Recovery	Solid	09/23/04		
48972-12	Matrix Spike Duplicate Result	Solid	09/23/04		
48972-13	Matrix Spike Duplicate % Recovery	Solid	09/23/04		
48972-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 48972-10	48972-11	48972-12	48972-13	48972-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	250	62 %	190	48 %	24-132 %
Aroclor-1260	ug/kg dw	250	62 %	170	42 %	28-153 %
Surrogate - TCX *	%	10	50 %	7.4	37 %	30-150 %
Surrogate - DCB *	%	31	155 %*F36	24	120 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		09/24/04	09/24/04	09/24/04	09/24/04	
Analysis Date		09/29/04	09/29/04	09/29/04	09/29/04	
Batch ID		0924N	0924N	0924N	0924N	
Quantitation Factor		1.000		1.000		

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-15	Precision (%RPD) MS/MSD	Solid	09/23/04		
48972-16	MS Precision Advisory Limit (%RPD)	Solid	09/23/04		

Parameter	Units	Lab Sample IDs 48972-15	48972-16
PCB's (8082)			
Aroclor-1016	%	27 %	<50 %
Aroclor-1260	%	38 %	<50 %
Batch ID		0924N	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448972

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

Serial Number 08611

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: St. Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	MATRIX TYPE
(AR) PROJECT MANAGER: Gulizia	P.O. NUMBER	CONTRACT NO.	
T (SITE) PM: Blanchfield	CLIENT PHONE	CLIENT FAX	
T NAME: Solutia	CLIENT E-MAIL		
NT ADDRESS			
RANY CONTRACTING THIS WORK (if applicable): Genesis Project			

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊘
DATE DUE 10-07-04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

REQUIRED ANALYSIS: PCB 8082 125ml amber

PRESERVATIVE: 4°C

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	NUMBER OF CONTAINERS SUBMITTED	REMARKS
22/04	1420	RR-3	C		/			1	

TEMP. 1.6

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				9/22/04	1500			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	9/23/04	08:50	YES ○ NO ○		5K18977	

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S449934
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/28/2004
Sampled By: Client
Sample Received Date: 10/15/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S449934
Date Received: 10/15/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-4	S449934*1	Solid	10/07/2004 15:32

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-1	RR-4	Solid	10/15/04	10/07/04 15:32	

Parameter	Units	Lab Sample IDs 49934-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<410
Aroclor-1221	ug/kg dw	<840
Aroclor-1232	ug/kg dw	<410
Aroclor-1242	ug/kg dw	<410
Aroclor-1248	ug/kg dw	490P J
Aroclor-1254	ug/kg dw	3400
Aroclor-1260	ug/kg dw	2800
Aroclor 1268	ug/kg dw	2200
Surrogate - TCX *	%	*F33
Surrogate - DCB *	%	*F33
Percent Solids		80
Dilution Factor		10
Prep Date		10/19/04
Analysis Date		10/20/04
Batch ID		1019T
Quantitation Factor		10.00

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-2	Method Blank	Solid	10/15/04		
49934-3	Lab Control Standard % Recovery	Solid	10/15/04		
49934-4	LCS Accuracy Control Limit (%R)	Solid	10/15/04		
49934-5	Analyst Initials (First Initial.Last Name)	Solid	10/15/04		

Parameter	Units	Lab Sample IDs 49934-2	49934-3	49934-4	49934-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	91 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	100 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	82 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	94 %	129 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		10/19/04	10/19/04		
Analysis Date		10/20/04	10/20/04		
Batch ID		1019T	1019T		
Quantitation Factor		1.000			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-6	LCS - 093 Custom	Solid	10/15/04		
49934-7	True Value - 093 Custom	Solid	10/15/04		
49934-8	% Recovery - 093 Custom	Solid	10/15/04		
49934-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 49934-6	49934-7	49934-8	49934-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1200	1500	80 %	44-188 %
Aroclor-1254	ug/kg dw	3100	3000	103 %	45-170 %
Aroclor-1260	ug/kg dw	2900	2000	145 %	51-178 %
Aroclor 1268	ug/kg dw	1300	1500	87 %	52-137 %
Surrogate - TCX *	%	120	160	70 %	30-150 %
Surrogate - DCB *	%	300	160	176 %*F36	30-150 %
Dilution Factor		1		1	
Prep Date		10/19/04		10/19/04	
Analysis Date		10/20/04		10/20/04	
Batch ID		1019T	1019T	1019T	
Quantitation Factor		9.967			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-10	Matrix Spike Result (2823-3B-7 Log#S449962)	Solid	10/15/04		
49934-11	Matrix Spike % Recovery	Solid	10/15/04		
49934-12	Matrix Spike Duplicate Result	Solid	10/15/04		
49934-13	Matrix Spike Duplicate % Recovery	Solid	10/15/04		
49934-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 49934-10	49934-11	49934-12	49934-13	49934-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	260	68 %	240	63 %	24-132 %
Aroclor-1260	ug/kg dw	450	79 %	420	71 %	28-153 %
Surrogate - TCX *	%	12	63 %	11	58 %	30-150 %
Surrogate - DCB *	%	180	947 %*F36	180	947 %*F36	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		10/19/04	10/19/04	10/19/04	10/19/04	
Analysis Date		10/20/04	10/20/04	10/20/04	10/20/04	
Batch ID		1019T	1019T	1019T	1019T	
Quantitation Factor		1.000		1.000		

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-15	Precision (%RPD) MS/MSD	Solid	10/15/04		
49934-16	MS Precision Advisory Limit (%RPD)	Solid	10/15/04		

Parameter	Units	Lab Sample IDs 49934-15	49934-16
PCB's (8082)			
Aroclor-1016	%	8.0 %	<50 %
Aroclor-1260	%	6.9 %	<50 %
Batch ID		1019T	

Order Number: S449934

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.

Serial Number 21950

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PAGE 1 : 1 OF

PROJECT REFERENCE: ~~Ratliff~~ RB 11th st ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL
STL (LAB) PROJECT MANAGER: L. Culizia	P.O. NUMBER	CONTRACT NO.
CLIENT (SITE) PM: C. Branchfield	CLIENT PHONE	CLIENT FAX
CLIENT NAME: Solutia	CLIENT E-MAIL	
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project Inc. / Golden		

STANDARD REPORT DELIVERY ○ DATE DUE 10/29/04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○ DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT:

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: 4oz Amber PCB 8082	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/7/04	1532	RR-4	G		✓			1	1	Level II

4°C PRESERVATIVE

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS			Kimberly G Burt	10/14/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT: YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
X	10/15/04	0910			21950	S49954

STL8240-680 (12/02)

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S450501
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 11/16/2004
Sampled By: Client
Sample Received Date: 10/29/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S450501
Date Received: 10/29/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-5	S450501*1	Solid	10/27/2004 13:36

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-1	RR-5	Solid	10/29/04	10/27/04 13:36	

Parameter	Units	Lab Sample IDs 50501-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<160
Aroclor-1221	ug/kg dw	<320
Aroclor-1232	ug/kg dw	<160
Aroclor-1242	ug/kg dw	<160
Aroclor-1248	ug/kg dw	740
Aroclor-1254	ug/kg dw	2700
Aroclor-1260	ug/kg dw	1600
Aroclor 1268	ug/kg dw	820
Surrogate - TCX *	%	55 %
Surrogate - DCB *	%	800 %*F36
Percent Solids		84
Dilution Factor		4
Prep Date		11/09/04
Analysis Date		11/11/04
Batch ID		11090
Quantitation Factor		4.000

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-2	Method Blank	Solid	10/29/04		
50501-3	Lab Control Standard % Recovery	Solid	10/29/04		
50501-4	LCS Accuracy Control Limit (%R)	Solid	10/29/04		
50501-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 50501-2	50501-3	50501-4	50501-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	61 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	73 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	48 %	52 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		11/09/04	11/09/04		
Analysis Date		11/11/04	11/11/04		
Batch ID		11090	11090		
Quantitation Factor		1.000			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-6	LCS - 093 Custom	Solid	10/29/04		
50501-7	True Value - 093 Custom	Solid	10/29/04		
50501-8	% Recovery - 093 Custom	Solid	10/29/04		
50501-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 50501-6	50501-7	50501-8	50501-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1200	1500	80 %	44-188 %
Aroclor-1254	ug/kg dw	2500	3000	83 %	45-170 %
Aroclor-1260	ug/kg dw	1800	2000	90 %	51-178 %
Aroclor 1268	ug/kg dw	1300	1500	87 %	52-137 %
Surrogate - TCX *	%	82	170	48 %	30-150 %
Surrogate - DCB *	%	160	170	94 %	30-150 %
Dilution Factor		1		1	
Prep Date		11/09/04		11/09/04	
Analysis Date		11/11/04		11/11/04	
Batch ID		11090	11090	11090	
Quantitation Factor		10.00			

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-10	Matrix Spike Result (Batch)	Solid	10/29/04		
50501-11	Matrix Spike % Recovery	Solid	10/29/04		
50501-12	Matrix Spike Duplicate Result	Solid	10/29/04		
50501-13	Matrix Spike Duplicate % Recovery	Solid	10/29/04		
50501-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 50501-10	50501-11	50501-12	50501-13	50501-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	420	105 %	460	115 %	24-132 %
Aroclor-1260	ug/kg dw	1600	0 %*F61	1800	50 %	28-153 %
Surrogate - TCX *	%	9.8	49 %	11	55 %	30-150 %
Surrogate - DCB *	%	140	700 %*F36	130	650 %*F36	30-150 %
Dilution Factor		4	4	4	4	
Prep Date		11/09/04	11/09/04	11/09/04	11/09/04	
Analysis Date		11/11/04	11/11/04	11/11/04	11/11/04	
Batch ID		11090	11090	11090	11090	
Quantitation Factor		4.000		4.000		

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-15	Precision (%RPD) MS/MSD	Solid	10/29/04		
50501-16	MS Precision Advisory Limit (%RPD)	Solid	10/29/04		

Parameter	Units	Lab Sample IDs 50501-15	50501-16
PCB's (8082)			
Aroclor-1016	%	9.1 %	<50 %
Aroclor-1260	%	12 %	<50 %
Batch ID		11090	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S450501

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F61 = The recoveries of the matrix spikes are outside advisory limits due to the abundance of the target analyte in the sample.

Serial Number 35108

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE	PROJECT NO.	PROJECT LOCATION (STATE)
11th Street Ditch		AL
STL (LAB) PROJECT MANAGER	P.O. NUMBER	CONTRACT NO.
L. Goliza		
CLIENT (SITE) PM	CLIENT PHONE	CLIENT FAX
C. Branchfield		
CLIENT NAME	CLIENT E-MAIL	
Solutia		
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable)		
Genesis Project / Golder		

PAGE 1 OF 1

STANDARD REPORT DELIVERY ☒
DATE DUE 11/12/04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	MATRIX: AQUEOUS (WATER)	MATRIX: SOLID OR SEMISOLID	MATRIX: AIR	MATRIX: NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 12 Sm/am Lab	REQUIRED ANALYSIS: 4°C PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/27/04	1336	RR-5	C		X					1	

TEMP. 4.0

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				10/28/04	1700			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
[signature]	10/29/04	0910	YES ○ NO ○		35804 TO 5456482 SC5 0581	

STL8240-680 (12/02)

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5480621

Number of Coolers Received: 1

Received By: MT

Project Manager: _____

Date: 10/29/04

Client: Solutia

Courier: ✓ Fed EX ____ UPS ____ Client ____ Other

Cooler Temperature(s) Upon Receipt: 4.0

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:		
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	NA	NA
Did samples arrive in good condition with no breakage?	✓	
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:		
Is there a COC?	✓	
Circle One: Is the COC an STL COC or a client COC?		
Is the COC filled out completely?	✓	—
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?		

**All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:
Describe all anomalous receipt situations in detail (attach additional sheets if necessary): _____

PM STAFF:
Client Contacted: ___ YES ___ NO Date: _____
Contact: _____
Resolution: _____

PM Signature: _____

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S451204
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/02/2004
Sampled By: Client
Sample Received Date: 11/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S451204
Date Received: 11/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-6	S451204*1	Solid	11/16/2004 10:09

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-1	RR-6	Solid	11/17/04	11/16/04 10:09	

Parameter	Units	Lab Sample IDs 51204-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<1800
Aroclor-1221	ug/kg dw	<3600
Aroclor-1232	ug/kg dw	<1800
Aroclor-1242	ug/kg dw	<1800
Aroclor-1248	ug/kg dw	29000
Aroclor-1254	ug/kg dw	34000
Aroclor-1260	ug/kg dw	20000
Aroclor 1268	ug/kg dw	6000
Surrogate - TCX *	%	*F33
Surrogate - DCB *	%	*F33
Percent Solids		75
Dilution Factor		40
Prep Date		11/23/04
Analysis Date		11/25/04
Batch ID		1123R
Quantitation Factor		40.00

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-2	Method Blank	Solid	11/17/04		
51204-3	Lab Control Standard % Recovery	Solid	11/17/04		
51204-4	LCS Accuracy Control Limit (%R)	Solid	11/17/04		
51204-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 51204-2	51204-3	51204-4	51204-5
PCB's (8082)					
	ug/kg dw	<33	54 %	24-132 %	J.KELLAR
Aroclor-1016	ug/kg dw	<67			J.KELLAR
Aroclor-1221	ug/kg dw	<33			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33	76 %	28-153 %	J.KELLAR
Aroclor-1260	ug/kg dw	<33			J.KELLAR
Aroclor 1268	%	65 %	40 %	30-150 %	J.KELLAR
Surrogate - TCX *	%	76 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *		1	1		
Dilution Factor		11/23/04	11/23/04		
Prep Date		11/25/04	11/25/04		
Analysis Date		1123R	1123R		
Batch ID		1.000			
Quantitation Factor					

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-6	LCS - 093 Custom	Solid	11/17/04		
51204-7	True Value - 093 Custom	Solid	11/17/04		
51204-8	% Recovery - 093 Custom	Solid	11/17/04		
51204-9	Accuracy Limits - 093 Custom	Solid	11/17/04		

Parameter	Units	Lab Sample IDs 51204-6	51204-7	51204-8	51204-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	800	1500	53 %	44-188 %
Aroclor-1254	ug/kg dw	2100	2900	72 %	45-170 %
Aroclor-1260	ug/kg dw	1600	1900	84 %	51-178 %
Aroclor 1268	ug/kg dw	890	1500	59 %	52-137 %
Surrogate - TCX *	%	67	170	42 %	30-150 %
Surrogate - DCB *	%	150	170	94 %	30-150 %
Dilution Factor		1		1	
Prep Date		11/23/04		11/23/04	
Analysis Date		11/25/04		11/25/04	
Batch ID		1123R	1123R	1123R	
Quantitation Factor		9.740			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-10	Matrix Spike Result (Batch)	Solid	11/17/04		
51204-11	Matrix Spike % Recovery	Solid	11/17/04		
51204-12	Matrix Spike Duplicate Result	Solid	11/17/04		
51204-13	Matrix Spike Duplicate % Recovery	Solid	11/17/04		
51204-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 51204-10	51204-11	51204-12	51204-13	51204-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	190	46 %	210	51 %	24-132 %
Aroclor-1260	ug/kg dw	370	90 %	360	88 %	28-153 %
Surrogate - TCX *	%	9.3	46 %	8.8	44 %	30-150 %
Surrogate - DCB *	%	220	1100 %*F36	200	1000 %*F36	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		11/23/04	11/23/04	11/23/04	11/23/04	
Analysis Date		11/25/04	11/25/04	11/25/04	11/25/04	
Batch ID		1123R	1123R	1123R	1123R	
Quantitation Factor		1.000		1.000		

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-15	Precision (%RPD) MS/MSD	Solid	11/17/04		
51204-16	MS Precision Advisory Limit (%RPD)	Solid	11/17/04		

Parameter	Units	Lab Sample IDs 51204-15	51204-16
PCB's (8082)			
Aroclor-1016	%	10 %	<50 %
Aroclor-1260	%	2.7 %	<50 %
Batch ID		1123R	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S451204

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.

Serial Number 24222

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

(●) STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

( ) Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: 11th Street Dilel	PROJECT NO.	PROJECT LOCATION (STATE): AL	PAGE 1 OF 1
STL (LAB) PROJECT MANAGER: L. Gulizia	P.O. NUMBER	CONTRACT NO.	STANDARD REPORT DELIVERY (●) DATE DUE 12/1/04
CLIENT (SITE) PM: C. Branchfield	CLIENT PHONE	CLIENT FAX	EXPEDITED REPORT DELIVERY ( ) (SURCHARGE) DATE DUE
CLIENT NAME	CLIENT E-MAIL		
CLIENT ADDRESS			NUMBER OF COOLERS SUBMITTED PER SHIPMENT:
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Projects, Inc.			

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 - 1254 w/ numbers	PRESERVATIVE: 4°C	NUMBER OF CONTAINERS SUBMITTED	REMARKS
11/16/04	1009	~~STA-06~~ RR-6	✓		✓					1	
		Revised per M. Price 11/19/04	(✓)		(✓)						

TEMP. 0.2

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				11/16/04	1200			
RECEIVED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT YES (●) NO ( )	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	11/17/04	0900		24839	34517 04	

STL8240-680 (12/02)

STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 545204

Number of Coolers Received: 1

Received By: X.M

Project Manager: _____

Courier: ✓ Fed EX ____ UPS ____ Client ____ Other

Date: 11/17/04

Client: C. Brandfield

Cooler Temperature(s) Upon Receipt: _____

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:	✓	
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	✓	
Did samples arrive in good condition with no breakage?		
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:	✓	
Is there a COC?		
Circle One: Is the COC an STL Savannah COC or a client COC?	✓	
Is the COC filled out completely?	✓	
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?	✓	

** All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:
Describe all anomalous receipt situations in detail (attach additional sheets if necessary): NA

PM STAFF:
Client Contacted: ___ YES ___ NO Date: _____
Contact: _____
Resolution: _____

PM Signature: _____

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S452339
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/22/2004
Sampled By: Client
Sample Received Date: 12/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Angie Weimerskirk
for Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S452339
Date Received: 12/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-7 (COMP)	S452339*1	Solid	12/16/2004 15:10

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-1	RR-7 (COMP)	Solid	12/17/04	12/16/04 15:10	

Parameter	Units	Lab Sample IDs: 52339-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<39
Aroclor-1221	ug/kg dw	<80
Aroclor-1232	ug/kg dw	<39
Aroclor-1242	ug/kg dw	<39
Aroclor-1248	ug/kg dw	<39
Aroclor-1254	ug/kg dw	150
Aroclor-1260	ug/kg dw	280
Aroclor 1268	ug/kg dw	320
Surrogate - TCX *	%	100 %
Surrogate - DCB *	%	800 %*F36
Percent Solids		84
Dilution Factor		1
Prep Date		12/20/04
Analysis Date		12/21/04
Batch ID		1220Q
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-2	Method Blank	Solid	12/17/04		
52339-3	Lab Control Standard % Recovery	Solid	12/17/04		
52339-4	LCS Accuracy Control Limit (%R)	Solid	12/17/04		
52339-5	Analyst Initials (First Initial.Last Name)	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-2	52339-3	52339-4	52339-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	67 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	82 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	76 %	65 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	76 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		12/20/04	12/20/04		
Analysis Date		12/21/04	12/21/04		
Batch ID		1220Q	1220Q		
Quantitation Factor		1.000			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-6	LCS - 093 Custom	Solid	12/17/04		
52339-7	True Value - 093 Custom	Solid	12/17/04		
52339-8	% Recovery - 093 Custom	Solid	12/17/04		
52339-9	Accuracy Limits - 093 Custom	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-6	52339-7	52339-8	52339-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	740	1500	49 %	44-188 %
Aroclor-1254	ug/kg dw	1900	3000	63 %	45-170 %
Aroclor-1260	ug/kg dw	1800	2000	90 %	51-178 %
Aroclor 1268	ug/kg dw	960	1500	64 %	52-137 %
Surrogate - TCX *	%	110	170	69 %	30-150 %
Surrogate - DCB *	%	170	170	106 %	30-150 %
Dilution Factor		1		1	
Prep Date		12/20/04		12/20/04	
Analysis Date		12/21/04		12/21/04	
Batch ID		1220Q	1220Q	1220Q	
Quantitation Factor		9.901			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-10	Matrix Spike Result (Batch)	Solid	12/17/04		
52339-11	Matrix Spike % Recovery	Solid	12/17/04		
52339-12	Matrix Spike Duplicate Result	Solid	12/17/04		
52339-13	Matrix Spike Duplicate % Recovery	Solid	12/17/04		
52339-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 52339-10	52339-11	52339-12	52339-13	52339-14
PCB's (8082)						
Aroclor-1016	*	*F62	*F62	*F62	*F62	*F62
Dilution Factor		*	*	*	*	
Prep Date		*	*	*	*	
Analysis Date		*	*	*	*	
Batch ID		*	*	*		
Quantitation Factor		*				

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-15	Precision (%RPD) MS/MSD	Solid	12/17/04		
52339-16	MS Precision Advisory Limit (%RPD)	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-15	52339-16
PCB's (8082)			
Aroclor-1016	%	*F62	*F62
Batch ID		*	

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S452339

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F62 = Matrix spikes were not recovered due to sample dilution required prior to analysis.

Serial Number 42145

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: 11th St Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	PAGE 1 OF 1
STL (LAB) PROJECT MANAGER: L. Gulizia	P.O. NUMBER	CONTRACT NO.	STANDARD REPORT DELIVERY ○ DATE DUE
CLIENT (SITE) PM: L. Bamchfield	CLIENT PHONE	CLIENT FAX	EXPEDITED REPORT DELIVERY (SURCHARGE) ○ DATE DUE
CLIENT NAME: Solutia	CLIENT E-MAIL		
CLIENT ADDRESS			NUMBER OF COOLERS SUBMITTED PER SHIPMENT:
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project			

REQUIRED ANALYSIS: PCB 8082 12541/1260

PRESERVATIVE: 4°C

MATRIX TYPE (COMPOSITE (C) OR GRAB (G) INDICATE; AQUEOUS (WATER); SOLID OR SEMISOLID; AIR; NONAQUEOUS LIQUID (OIL, SOLVENT...))

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G)	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT...)	NUMBER OF CONTAINERS SUBMITTED	REMARKS
12/16/04	1510	RR-7 (comp)	C		✓			1	

TEMP. 1.0

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				12/16/04	1645			
RECEIVED BY: (SIGNATURE)	**DATE**	**TIME**	**RECEIVED BY: (SIGNATURE)**	**DATE**	**TIME**	**RECEIVED BY: (SIGNATURE)**	**DATE**	**TIME**
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
Jan Thomas	12/17/04	0901	YES ○ NO ○		SAS2339	

STL8240-680 (12/02)

SEVERN TRENT STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5452339, 2340

Number of Coolers Received: 1

Received By: MT Date: 12/17/04

Project Manager: Client: Solutia

Courier: ✓ Fed EX ____UPS ____Client ____Other

Cooler Temperature(s) Upon Receipt: 1.0

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:		
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	NA	
Did samples arrive in good condition with no breakage?	✓	
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:		
Is there a COC?	✓	
Circle One: Is the COC an STL Savannah COC or a client COC?		
Is the COC filled out completely?	✓	
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?		

** All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary): _____

PM STAFF:

Client Contacted: ___YES ___NO

Contact: _____ Date: _____

Resolution: _____

PM Signature: _____

APPENDIX M

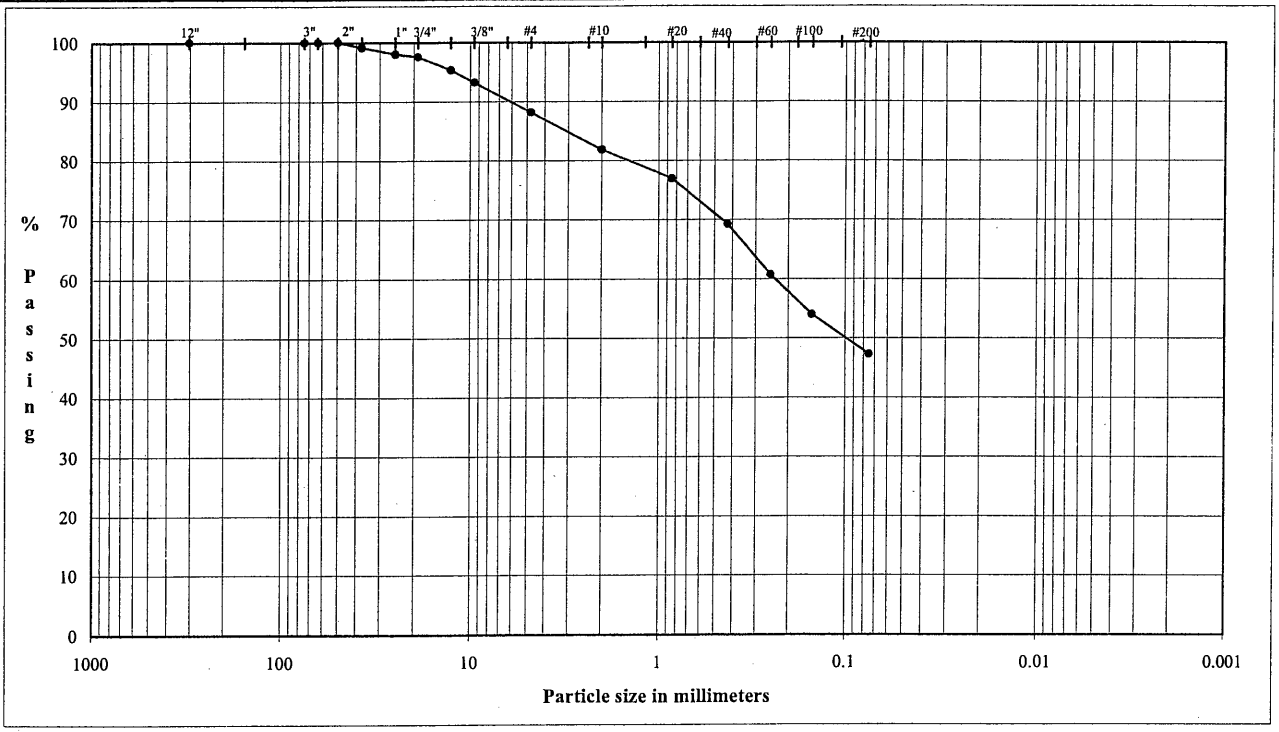
IMPORTED COMMON FILL DOCUMENTATION

JULY 2004 043-3746

PARTICLE SIZE DISTRIBUTION & ATTERBERG LIMITS

ASTM D421, D422, D4318

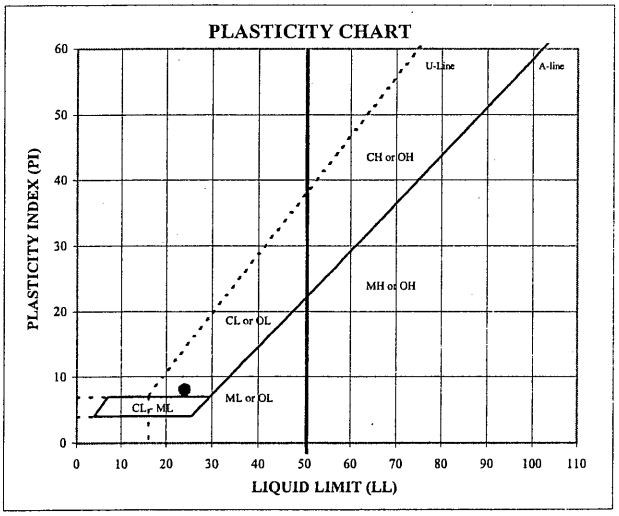
PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
SAMPLE ID: MH-SP-1 - Depth: -
TYPE: Bulk



COBBLES	GRAVEL		SAND			FINES
	Coarse	Fine	Coarse	Medium	Fine	Silt or Clay

U.S. Standard Sieves Sizes and Numbers

	Particle Size (mm)	% Passing	Particle Size Classification	Percentage
12.0"	304.8	100.0		
3.0"	75.0	100.0	Cobbles	0.00
2.5"	63.5	100.0		
2.0"	50.0	100.0		
1.5"	37.5	99.1		
1.0"	25.0	98.0		
0.75"	19.0	97.5	Coarse Gravel	2.45
0.50"	12.7	95.3		
0.375"	9.5	93.2		
#4	4.8	88.2	Fine Gravel	9.35
#10	2.0	81.8	Coarse Sand	6.37
#20	0.85	76.9		
#40	0.43	69.2	Medium Sand	12.65
#60	0.25	60.7		
#100	0.15	54.0		
#200	0.075	47.3	Fine Sand	21.88
			Fines	47.30



ATTERBERG LIMITS
Method -B (Dry preparation)

M_c	LL	PL	PI	LI
15.4	24	16	8	-0.02

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS: SC

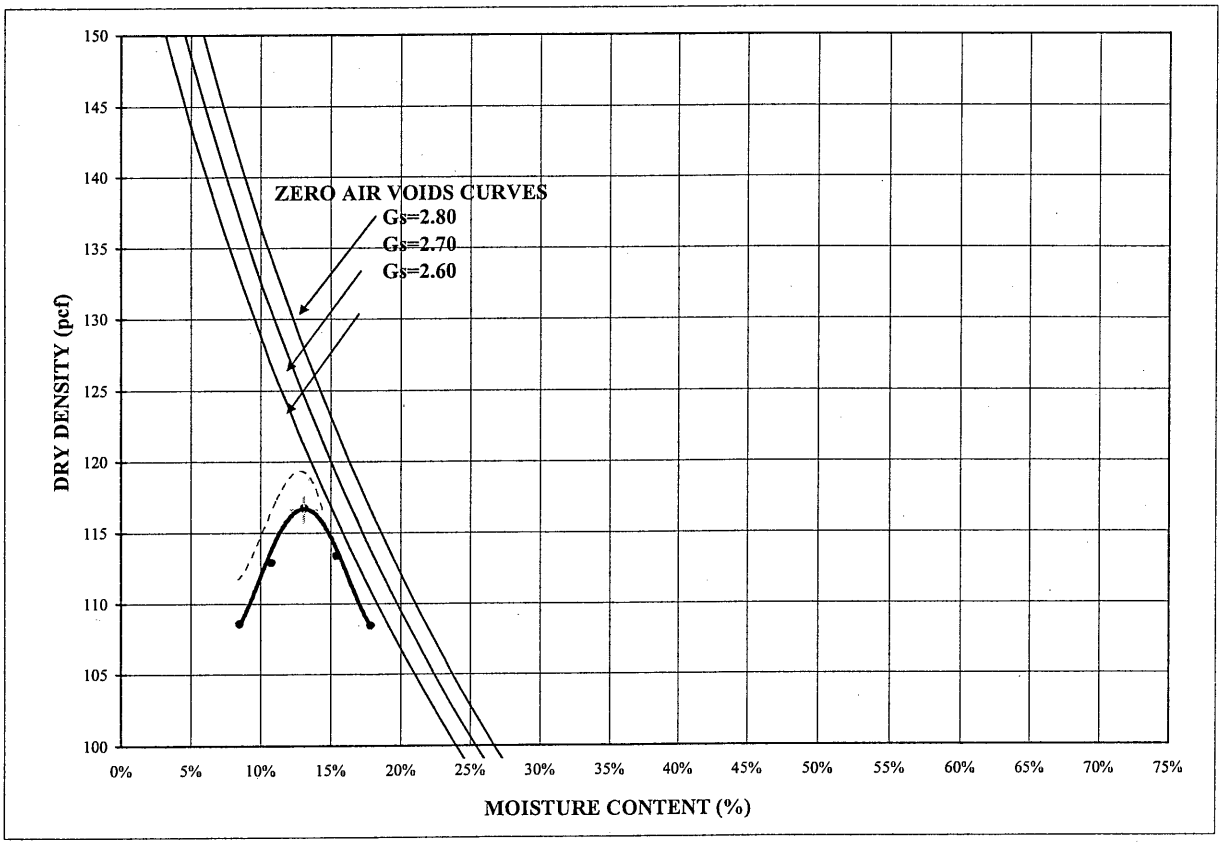
LL (oven-dried) / < 0.75 = ORGANIC (OL/OH)

TECH	PWM/TJ/JH
DATE	02/04/02
CHECK	
REVIEW	

MOISTURE / DRY DENSITY CURVE
ASTM D 698 Method A

Mechanical	Standard	Wet Method

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
PROJECT NUMBER: 043-3746
SAMPLE ID: MH-SP-1 - DEPTH: - SAMPLE TYPE: Bulk



COMPACTION POINTS		
Specimen Number	Dry Density (pcf)	Moisture Content (%)
1	108.6	8.5%
2	112.8	10.8%
3	116.7	13.1%
4	113.4	15.4%
5	108.4	17.8%

Maximum Dry Density (pcf)	116.6
Optimum Moisture (%)	13.1
Corrected Maximum Dry Density (pcf)	119.2
Corrected Optimum Moisture (%)	12.5
As-Received Moisture Content	15.4%
% Retained on # 4 sieve	11.0%
% Retained on 3/8" sieve	
% Retained on 3/4" sieve	

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS: SC

CHECK
REVIEW

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S445945A
SDG Number:
Client Project ID:
Project: Anniston PCB/Residential Borrow Source
Report Date: 07/20/2004
Sampled By: Client
Sample Received Date: 07/02/2004
Requisition Number:
Purchase Order: 4508648709 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S445945A
Date Received: 07/02/2004

Client: Golder Associates, Inc.
Project: Anniston PCB/Residential Borrow Source

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
MH-SP-1	S445945A*1	Solid	07/01/2004 13:42
SB-1	S445945A*2	Solid	07/01/2004 14:36
SSP-1	S445945A*3	Solid	07/01/2004 14:56

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-1	MH-SP-1	Solid	07/02/04	07/01/04 13:42	
45945A-2	SB-1	Solid	07/02/04	07/01/04 14:36	
45945A-3	SSP-1	Solid	07/02/04	07/01/04 14:56	

Parameter	Units	Lab Sample IDs 45945A-1	45945A-2	45945A-3
PCB's (8082)				
Aroclor-1016	ug/kg dw	<38	<35	<33
Aroclor-1221	ug/kg dw	<77	<72	<67
Aroclor-1232	ug/kg dw	<38	<35	<33
Aroclor-1242	ug/kg dw	<38	<35	<33
Aroclor-1248	ug/kg dw	<38	<35	<33
Aroclor-1254	ug/kg dw	<38	<35	200P
Aroclor-1260	ug/kg dw	<38	<35	470
Aroclor 1268	ug/kg dw	<38	<35	210
Surrogate - TCX *	%	46 %	72 %	59 %
Surrogate - DCB *	%	74 %	56 %	118 %
Percent Solids		87	93	100
Dilution Factor		1	1	1
Prep Date		07/06/04	07/06/04	07/06/04
Analysis Date		07/09/04	07/09/04	07/09/04
Batch ID		0706N	0706N	0706N
Quantitation Factor		1.000	1.000	1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-4	Method Blank	Solid	07/02/04		
45945A-5	Lab Control Standard % Recovery	Solid	07/02/04		
45945A-6	LCS Accuracy Control Limit (%R)	Solid	07/02/04		
45945A-7	Analyst Initials (First Initial.Last Name)	Solid	07/02/04		

Parameter	Units	Lab Sample IDs 45945A-4	45945A-5	45945A-6	45945A-7
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	94 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	91 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	94 %	82 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	94 %	82 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		07/06/04	07/06/04		
Analysis Date		07/08/04	07/08/04		
Batch ID		0706N	0706N		
Quantitation Factor		1.000			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-8	LCS - 093 Custom	Solid	07/02/04		
45945A-9	True Value - 093 Custom	Solid	07/02/04		
45945A-10	% Recovery - 093 Custom	Solid	07/02/04		
45945A-11	Accuracy Limits - 093 Custom	Solid	07/02/04		

Parameter	Units	Lab Sample IDs 45945A-8	45945A-9	45945A-10	45945A-11
PCB's (8082)					
Aroclor-1248	ug/kg dw	1900	1500	127 %	44-188 %
Aroclor-1254	ug/kg dw	3900	3000	130 %	45-170 %
Aroclor-1260	ug/kg dw	3000	2000	150 %	51-178 %
Aroclor 1268	ug/kg dw	1600	1500	107 %	52-137 %
Surrogate - TCX *	%	120	170	70 %	30-150 %
Surrogate - DCB *	%	190	170	112 %	30-150 %
Dilution Factor		1		1	
Prep Date		07/06/04		07/06/04	
Analysis Date		07/09/04		07/09/04	
Batch ID		0706N	0706N	0706N	
Quantitation Factor		10.00			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S445945A

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

Serial Number 33804

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: Resident in Sampling	PROJECT NO.	PROJECT LOCATION (STATE): AL
STL (LAB) PROJECT MANAGER: Fuller	P.O. NUMBER	CONTRACT NO.
CLIENT (SITE) PM: C Blanchfield	CLIENT PHONE	CLIENT FAX
CLIENT NAME: Solutia/Monsanto	CLIENT E-MAIL	
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project/Golder		

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊗
DATE DUE 7/14/04
EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____
NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	MATRIX: AQUEOUS (WATER)	MATRIX: SOLID OR SEMISOLID	MATRIX: AIR	MATRIX: NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 1254 in oil	REQUIRED ANALYSIS: 4°C PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
7/1/04	1342	MH-SP-1	C		✓					1	Level II
↓	1436	SB-1	C		✓					1	↓
7/1/04	1456	SSP-1	C		✓					1	Level II

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
				7/1/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	7/2/04	8:46	YES ○ NO ○		SL45945	

STL8240-680 (12/02)

MONSANTO/RESIDENTIAL SAMPLING/AL
SUMMARY OF SOIL DATA

Sample Identification	Sample Type	Sample Depth	Soil Classification	Natural Moisture %	Atterberg Limits				Grain Size Distribution			Compaction		Gs	Unit Weight		Permeability (cm/sec)	Additional Tests Conducted (See Notes)
					L.L.	P.L.	P.I.	L.I.	% Finer No. 4 Sieve	% Finer No. 200 Sieve	% Finer .005 mm	Maximum Dry Density (lb/cuft)	Optimum Moisture %		Moisture %	Dry (lb/cuft)		
MH-SP-1	Bulk	-	SC	15.4	24	16	8	-0.02	88.2	47.3	-	119.2	12.5	-	-	-	-	-

ABBREVIATIONS: LIQUID LIMIT (LL)
PLASTIC LIMIT (PL)
PLASTICITY INDEX (PI)
LIQUIDITY INDEX (LI)
SPECIFIC GRAVITY (Gs)
MOISTURE (Mc)

NOTES: T = TRIAXIAL TEST
U = UNCONFINED COMPRESSION TEST
C = CONSOLIDATION TEST
DS = DIRECT SHEAR TEST
O = ORGANIC CONTENT
P = pH

APPENDIX N

IMPORTED BALLAST DOCUMENTATION

TAYLOR CORPORATION
2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803
Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

Please find the attached copy for certification for Ballast Rock # 4 and a note from Pat at Vulcan Construction Materials, L.P., stating that "All rip-rap rock is visually inspected." They can not do an actual graduation. "All state jobs will need a State inspector to go to the plant and visually inspect product before shipment".

Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.

Vulcan Materials Company

Product Basic Gradation Statistical Summary Report

Plant:	122	Ohatchee
Product	400	#4 ASTM
Specification		#4 ASTM

Sieve/Test	Tests	Average	St Dev	Target	Specification
2" (50)	9	100.0	0.0	-	100 - 100
1 1/2" (37.5)	9	96.7	1.9	-	90 - 100
1" (25)	9	46.5	3.6	-	20 - 55
3/4" (19)	9	9.1	1.2	-	0 - 15
3/8" (9.5)	9	2.2	0.6	-	0 - 5
PAN (0)	9	0.00	0.00	-	-

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual graduation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

Pat Brown - cell - (205) 296-6262

off.

P.S. Let me KNOW if there is ANYthing else you need.

APPENDIX O

IMPORTED DGA DOCUMENTATION

VULCAN MATERIALS COMPANY

FAX SHEET

TO: Taylor Corp

FAX NUMBER: 835-1803

FROM: Vulcan Materials Chatchee

TELEPHONE NUMBER: (256) 892-3192
FAX NUMBER: (256) 892-3543

MESSAGE: Dense Grade Base Type B sent to Taylor Corp. meets state requirements. (Monsanto Job)

Plant Supervisor — Casey Black — Casey Black

Quality Control Tech. — Josh Graham — Josh Graham

TOTAL PAGES INCLUDING FAX SHEET: 1

APPENDIX P

IMPORTED RIP RAP AND SURGE STONE DOCUMENTATION

TAYLOR CORPORATION
2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803
Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

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Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.

Vulcan Materials Company

Product Basic Gradation Statistical Summary Report

Plant:	122	Chatchee
Product	400	#4 ASTM
Specification		#4 ASTM

Sieve/Test	Tests	Average	St Dev	Target	Specification
2" (50)	9	100.0	0.0	-	100 - 100
1 1/2" (37.5)	9	96.7	1.9	-	90 - 100
1" (25)	9	46.5	3.6	-	20 - 55
3/4" (19)	9	9.1	1.2	-	0 - 15
3/8" (9.5)	9	2.2	0.6	-	0 - 5
PAN (0)	9	0.00	0.00	-	-

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual graduation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

Pat Brown - cell - (205) 296-6262

off.

P.S. Let me Know if there is Anything else you need..

APPENDIX Q

DITCH SUBGRADE
FIELD DENSITY TEST RESULTS

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia Rep. Fred Dempsey

Project # 04EXTAY0502Q Weather/Temperature Clear 90° Date 8.17.04

Client Taylor Const. Contractor ~~Taylor~~ FP & Enviro Tech

The technician arrived onsite, as requested by Don Williams of Solutia on Tues. 8.17.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia Contractor EnTact Project Number 040XTAY050Q

Date 8-17-04 Weather/Temperature Clear 90° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	1	110.0	15.2	100%	95%	4th		✓	Quadrant #4
									C-1-4-4
2	1	108.0	15.6	100%	95%	5th		✓	Quadrant #2
									C-1-5-2

Compaction Equipment Used: Vibratory ☒ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project MONSANTO 11TH STREET RESPONSE ACTION Rep. K. COBB

Project # 040X TAY 05029 Weather/Temperature M. Sunny Hi 92° Date 8-19-04

Client TAYLOR CORPORATION Contractor TAYLOR CORPORATION

The technician arrived onsite, as requested by MR. DON ELLER

of _____ on 8-19-04 (11:00AM) to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the D 698 STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included:	
Observation ✓	Drawings

REPORT OF FIELD DENSITY TESTS

Project MONSANTO 11TH STREET RESPONSE ACTION Contractor TAYLOR CORPORATION Project Number 04OXTAY05029

Date 8-19-04 Weather/Temperature M. Sunny Hi 92° Technician K. COBB

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☑

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	1	110.6	13.73	100	95	SUB GRADE		✓	STATION # 6+03

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☑ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☑ Client ☑ GC ☐ Grading Contractor ☑ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☑ Client ☑ GC ☐ Grading Contractor ☑ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with FAX TO TAYLOR
of (company) CORPORATION

Remarks:

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	14.5	STD	DARK SAND & RED CLAY MIX	
2	81.0	18.5	STD	DARK BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager:

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA – CANAL Rep. Fred Dempsey

Project # 040XTAY05020 Weather/Temperature Cloudy 85° Date 8·23·04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by DON ELLER of SOLUTIA on MON. 8·23·04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 81 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA - CANAL Contractor TAYLOR Project Number 040XTA405020

Date 8.23.04 Weather/Temperature Cloudy 85° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	79.0	20.4	98%	95%	SIG		1	C-DITCH 4+00
2-	1	80.0	20.8	99%	1	1		1	1

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	14.5	STD.	DK. BR. SNDY SILTY CLAY	
2-	81.0	18.5	1	BLACK SILTY	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project SOLUTIA - RETENTION - CANAL Rep. FRED DEMPSEY

Project # 040XTAY0502Q Weather/Temperature CLOUDY 88 Date 8.25.04

Client TAYLOR CORP. Contractor TAYLOR - ENTACT

The technician arrived onsite, as requested by CHRIS of TAYLOR on WEDS. 8.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1 Density Reports
Additional Reports Included:
Observation X Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA – ~~Rentron~~ FP Retention – CANAL Contractor TAYLOR – ENTACT Project Number CAOXTAY0502@

Date 8.25.04 Weather/Temperature Cloudy 88° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.4	17.0%	96.6%	95%	6th		✓	C-1-6-4 QUADRANT
2-	1	103.0	14.0%	96%	"	7th		✓	C-1-7-2 QUADRANT
3-	*3	80.5	16.0%	99%	"	SIG		✓	C-1-1+50 CANAL
4-	*2	101.3	9.2%	95%	"	"			C-1-0+95 "
5-	3	9 ~~12~~ FP	14%	100%	"	"			C-1-2+70 "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.6	15.6	STD	DK. BR. / BLACK SNDY SILT;	
2-	107.0	14.5	"	PRT BR. SNDY SILT & CL	
3-	81.0	18.5		BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLITIA - CANAL Rep. FRED DEMPSEY

Project # 040XTAY 05020 Weather/Temperature P/C 90° Date 8.27.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 8.27.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia – Canal Contractor TAYLOR Project Number 040XTAY0502

Date 8.27.04 Weather/Temperature P/C 90° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	2	80.5	20%	99%	95%	SLG		✓	C-3 7+88 Ditch
2	1	89	21%	100%	95	SLG		✓	C-3 7+50 "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	14.5	STD	DK. BR. SIS & CL.	
2	81.0	18.5	1	BLACK SANDY	
3					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. FRED DEMPSEY

Project # 04XTAY05020 Weather/Temperature P/C 85° Date 8.31.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on TUES. 8.31.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia – Canal Contractor Taylor Project Number 04OXTAY055D2Q

Date 8.31.04 Weather/Temperature P/C 85° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1-	103.0	14.0	96.3	95	SITE		1	D-2 Ditch 0+90
2-	1	105	12.5	98.1	95	1		1	D-2 Ditch 1+85

Compaction Equipment Used: Vibratory ☒ STD Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☒ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	14.5	STD	Dk. Br. sndy silty Cl.	
2-	97.0	18.5	"	Bl. sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.9.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on THURS. 9.9.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTAY052-D

Date 9.9.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☑

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	110.0	14.5	100	95	SG		✓	DITCH -B- 8+90
2-	|	101.5	14.0	95	|	|		✓	| 8+50
3-	|	101.4	13	95	|	|		✓	| 7+60
4	|	103	15	95	|	|		✓	| 6+85

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☒ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	14.5	STP	DK. RED SLS & CLAY	
2	81	18.5	"	BLACK SANDY	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.11.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on SAT. 9.11.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SoLuTia (CANAL) Contractor TAYLOR Project Number 040XTAYDS02

Date 9.11.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	91	20	100	95	S/G		✓	B-DITCH - 5+15
2-	1	94	17	100	1	S/G		✓	B- DITCH - 4+50

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107	14.5	STD	DK. BR. SLS & CL.	
2	81	18.5	"	BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solana (Canal) (Retention) G.A.I. Rep. Fred Dempsey

Project # 04OXTAY05028 Weather/Temperature Cloudy / 74° Date 9.13.04

Client Taylor Contractor Taylor / Entact

Gallet And Associates Representative arrived on job site as Requested by Chris of Taylor Construction.

GAI Rep Tested concrete & made 1 set of 3 cyl.

GAI Rep. also spoke with Tracy of Entact, he requested new coil sample picked up for new pd.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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PROJECT OBSERVATION REPORT

Project Solutia - CANAL - Retention Rep. Fred Dempsey

Project # 040XTAY0502R Weather/Temperature Clear - 75° Date 9.20.04

Client TAYLOR Contractor TAYLOR - ENTACT

The technician arrived onsite, as requested by CHRIS / TRACY of TAYLOR / ENTACT on MON. 9.20.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

RETENTION area had 2 quadrants To fail, TRACY of ENTACT SCARIFIED MATERIAL & allowed material To dry & Re Rolled.

GALLET Rep. RETURN THIS AFTERNOON & RETESTED, Quadrants #3 & #4 passed as indicated in density Report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 2 Density Reports
Additional Reports Included:
Observation X Drawings

REPORT OF FIELD DENSITY TESTS

Project Solution - Canal - Retention Contractor Taylor / Entact Project Number 040XTAy

Date 9.20.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	103.0	16.4	96	95%	S/G		✓	B. Ditch - 20+00
2-	"	104.0	16.0	97	"	"		✓	" - 19+75
3-	"	105.0	14.0	98	"	"		✓	" - 18+5
4-	"	105.0	13.5	98	"	"		✓	" - 17+50
5-	"	105.3	16.4	98	"	"		✓	" - 15+80
6-	"	103.0	13.0	96	"	"		✓	" - 15+50
7.	1	98.0	24.0	92	"	8th	✓		C-1-8-4 - Retention
8-	"	99.0	23.0	93	"	9th	✓		C-1-9-3 - "
9.	"	104.0	16.0	97	"	9th		✓	C-1-9-1 - "

Am

lot 1st

other report

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	102.0	15.6	STD	DK Br. Black sandy silt	
2-	107.0	14.5	"	DK Br. Sandy silt w Cl.	
3-	81.0	18.5	"	Black sand	
4-	109.4	10.2	"	DK Br. sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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Page 2 of 2	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - Canal - Retention Contractor Taylor - Enfact Project Number 040XTAY0552

Date 9.20.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
10-	1	112.8	13.0	100%	95%	9th		✓	C-1-9-2 - Retention
11-	1	108.0	17.4	100%	1	8th		✓	C-1-8-4 - 1
12-	1	104.0	17.0	97%	1	9th		✓	C-1-9-3 - 1

Fferson Re-Test Re-Test 4 Not 1th t. 1 nother roject

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: #11, 12 Re-Test, Refer To #7 1st page of density Report

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	DK BR. Black Sandy SILT	
2-	102.0	14.5	1	DK. BR. Sandy SILTY CL	
3-	81.0	18.5	1	BLACK SAND	
4-	108.4	10.2	1	DK BR. Sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) Rep. Fred Dempsey

Project # 040XTAY05020 Weather/Temperature Clear 79° Date 9.21.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Tues. 9.21.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

GALLET Rep. spoke with CHRIS of TAYLOR CONST., He Requested Compaction Test along North slopes of CANAL, LOCATIONS INDICATED IN density REPORT.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1 Density Reports	
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY3502

Date 9.21.04 Weather/Temperature CLEAR 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	102.5	14.7	96%	95%	S/G			B-DITCH – 16+55
2-	"	102.0	14.8	95%	"	"	"	"	" – 16+05
3-	"	102.0	15.5	95%	"	"	"	"	" – 15+55
4	"	105.0	15.0	98%	"	"	"	"	" – 15+10
5-	"	104.0	15.2	97%	"	"	"	"	" – 14+14

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK. BR. BLI. SNDY SLT	
2	107.0	14.5	"	DK. BR. SNDY SLT W/CL.	
3	81.0	18.5	"	BL. SAND	
4	108.4	10.2	"	DK. BR. SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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Gallet & ASSOCIATES

Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 040XTAY0502 Weather/Temperature Clear 88° Date 9-24-04

Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES Representative arrived on job site as Requested by CHRIS OF TAYLOR CONST., CHRIS Requested Testing of CONCRETE, He WANTED SLUMP - 2.5" & Temp. 88°.

GALLET Rep. HAS been requested To RETURN TOMARROW 9.25.04, SATURDAY FOR density TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included:	
Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) (RETENTION) Contractor TAYLOR Project Number 040XTAYDS-22Q

Date 9.25.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	5	125.5	12.0	100%	95%	1ST		✓	C-UTILITY DITCH STA. 12+95
2		124.0	13.0	100%	95%	CAP		✓	PHASE II NW CORNER
3		118.0	13.6	99%	95%	CAP		✓	" " SE CORNER
4		116.0	13.0	97%	95%	2ND		✓	C-UTILITY DITCH STA 15+10

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

#5 PD PROVIDED BY SOLUTIA

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107	15.6	STD	DK. BR. BLACK SNDY SILT	
2-	107	14.5	|	DK. BR. SNDY SLT W/CL	
3-	108.4	10.2	|	BLACK SAND	
4-	91	18.5	|	DK. BR. SAND	
5-	119.2	12.5	|	REDISH BR. SAND & SILT CLY	

Gen'l → 5

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

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PROJECT OBSERVATION REPORT

Project SOLUTIA CANAL Rep. FRED DEMPSEY

Project # 040XTAy105702Q Weather/Temperature CLEAR 85° Date 9.25.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 9.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) G.A.I. Rep. Fred Dempsey

Project # 045XTAYD502Q Weather/Temperature CLEAR 80° Date 10.4.04

Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS SCHEDULED.

GALLET REP. SPOKE WITH CHRIS OF TAYLOR CORP., CHRIS REQUESTED CONCRETE TESTING & DENSITY TESTING, RESULTS & LOCATIONS INDICATED ON ATTACHED DOCUMENTS.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CMR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page /	of /	Density Reports
Additional Reports Included: Observation ☒		Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (Canal) Contractor Taylor Corp. Project Number 040XTAY 0522G

Date 10.4.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1.	3	82.0	20.0	100	95%	S/G		/	D-4 - 1+10
2.	2	104.0	14.4	97	/	/		/	D-4 - 0+36

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1.	107.0	15.6	STD	Dk. Br. s/s. CL w/Stone	
2.	107.0	14.5	/	Dk. Br. S/S CL	
3-	81.0	18.5	/	Black Sand	
4.	108.4	10.2	/		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTA105-02Q Weather/Temperature Clear 80° Date 10.6.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR Corp. on Weds. 10-6-04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR CORP. Project Number 34OXTAU0702Q

Date 10.6.04 Weather/Temperature CLEAR 80° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	106	17%	99%	95%	5/6		✓	STA. 8+25 – C-3
2-	1	105	18%	98%	1	1		✓	" 8+75 – C-3

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	|	DK. BR. SS CL W/STONE	
2	102.0	14.5	|	" " " "	
3	81.0	18.5	|	BLACK SAND	
~~4~~	~~[illegible]~~	~~16.4~~	|		
4	119.2	12.5	|	REDISH BR. CONCRETE FINE S/CL.	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

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PROJECT OBSERVATION REPORT

Project Solutia (Canal) Rep. Fred Dempsey

Project # 04DXTM05GLQ Weather/Temperature Cloudy 80° Date 10.7.04

Client Taylor Contractor Taylor

The technician arrived onsite, as requested by Chris

of Taylor on Thurs. 10.7.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95% % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTAYOSO2

Date 10.7.04 Weather/Temperature CLdy 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	107.5	17.0	100%	95%	SLG		1	C-5 10+60
2-	1	108.0	16.0	102%	1	1		1	C-5 10+90

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	Dk. Br. S/S w/Cl. & Stone	
2-	107.0	14.5	1	Dk. Br. S/S Cl.	
3-	81.0	18.5	1	Black sand	
4-	108.4	10.2			

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTAY05DLQ Weather/Temperature Cloudy 70° Date 10.9.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on SAT. 10.9.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95% of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTA405.02G

Date 10.9.04 Weather/Temperature CLOUDY 70° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	107.1	17.3	100%	95	S/G		/	13+60 C-DITCH
2.	/	107.3	17.0	100%	/	/		/	14+75 C-DITCH

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK. RD. S/S W/CL. & STONE	
2	107.0	14.5	/	DK. RD. S/S CL.	
3	81.0	18.5	/	BLACK SOIL	
4	108.4	10.2	/		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) Rep. Fred Dempsey

Project # 04OXTA05029 Weather/Temperature PC 70° Date 10.18.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Mon. 10.18.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 04ox-A405-20

Date 10.18.04 Weather/Temperature Cloudy 70° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	102.0	17	95%	95%	S/G		|	22+60 F-Ditch
2-	1	102.6	16.8	96%	1	1		|	23+05 F-Ditch

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK BR. BL. SAND, SLT	
2	107.0	14.5	|	DK BR SAND SLT CLYCI	
3	81.0	18.5	|	BLACK SAND	
4	108.4	10.2	|	DK BR SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project Solutia (Retention) G.A.I. Rep. Fred Dempsey

Project # 040XTAM05-020 Weather/Temperature Cloudy - 75° Date 10.20.04

Client Taylor - Contractor ENTACT

GALLET AND Associates Repreesentative arrived on job site as Requested by TRACY of ENTACT TRACY Requested Moisture content IN fill Area, GAI Rep. Reported To TRACY Moisture CONTENT OF 14% - optimum is 14.5. - PHASE #3 LOCATION - TRACY Request our RETURN TOMARROW 10.21.04 To make compaction Test.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 04X7A050LQ Weather/Temperature Cloudy 75° Date 10-20-04

Client Taylor Contractor Taylor

Gallet And Associates representative arrived on job site as Requested by Chris Of Taylor Corp., Chris Requested Testing of concrete & 3 cyl., Concrete plant broke down & was ~~not~~ Not able To provide concrete, Chris Request our Return Tomarrow, 10.21.04.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia (Retention) Rep. Fred Dempsey

Project # 04OXTAM052Q Weather/Temperature Cloudy 80° Date 10.22.04

Client Taylor Contractor EnTact - (Taylor)

The technician arrived onsite, as requested by Tracy of EnTact on Thurs. 10.21.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CLR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (Retention) Contractor ENTACT – (TAYLOR) Project Number 04OXTAYLOR20

Date 10.22.04 Weather/Temperature Cloudy 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	102.0	17.0	95%	95%	1ST		✓	C-3-1-2
2-	1	103.0	17.5	96%	1	Neg. 1'		✓	C-3-Neg. 1-EW1
3-	1	103.4	17.6	97%	1	1ST		✓	C-3-1-3

Compaction Equipment Used: Vibratory ☒ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	DK. Br. Black sandy silt	
2-	107.0	14.5	1	" " sandy silt w/ Cl.	
3-	81.	18.5		Black sand	
4-					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

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PROJECT OBSERVATION REPORT

Project SOLUTIA CANAL Rep. Fred Dempsey

Project # 04OXTAM05.01Q Weather/Temperature Clear 80° Date 10.25.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Mon. 10.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04DXTAY0102A

Date 10.25.04 Weather/Temperature CLEAR 80° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.4	17.3	97%	95%	S/G		✓	21+25 G-DITCH
2-	"	102.6	16.8	96%	"	"		✓	20+70 " "
3-	"	103.0	17.0	96%	"	"		✓	19+65 " "
4-	"	103.7	17.2	97%	"	"		✓	18+50 " "
5-	"	107.5	16.7	100%	"	"		✓	17+50 " "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.4	STD	DK. BR. BL. SANDY SILT	
2	107.0	14.5	"	DK. BR. SANDY SILT W/CL.	
3	81.0	15.5	"	BLACK SND.	
4					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project Solitia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 04CXTAYO5012Q Weather/Temperature Clear 75° Date 10.27.04

Client TAYLOR Contractor TAYLOR

GALLET And Associates Representative arrived on job site as Requested by CHRIS of TAYLOR Corp., CHRIS Requested Compaction TEST IN CANAL; Results & Locations Indicated IN density Report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: _____

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 04OXMAY05029

Date 10.27.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.5	17.0	96%	95%	S/G			G-Ditch - 13+75
2-	"	103.0	16.0	96%	"	"		"	" - 13+50
3-	"	104.5	16.5	97%	"	"		"	" - 13+00
4-	"	103.3	16.8	96%	"	"		"	" - 12+75

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD	DK. BR. BL. SNDY SILT	
2	107	14.5	"	DK. BR. SNDY SLT W/CL	
3	81	18.5	"	BL. SAND	
4					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTAY05020 Weather/Temperature Clear 80° Date 10-29-04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 10-30-04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the SANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CASAL) Contractor TAYLOR Project Number 04 OXTA 105.Q

Date 10.30.04 Weather/Temperature CLEAR 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	105.0	16	98%	95%	SIG		1	G-Ditch - 10+75
2-	1	102.0	16	95%	1	1		1	" " - 10+00

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD	DK. BR. BL. Sndy SILT	
2 3	107	14.5	1	DK. BR. Sndy SILTY CL	
	81	18.5		BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

APPENDIX R

NONWOVEN GEOTEXTILE DOCUMENTATION

#02275-1

MIRAFI® TECHNICAL DATA SHEET

Mirafi® 1120N

12 oz. filter fabric

Mirafi® 1120N is a nonwoven geotextile composed of polypropylene fibers, which are formed into a stable network such that the fibers retain their relative position. 1120N is inert to biological degradation and resists naturally encountered chemicals, alkalis, and acids.

Mechanical Properties	Test Method	Unit	Minimum Average Roll Value	
			MD	CD
Grab Tensile Strength	ASTM D 4632	kN (lbs)	1.34 (300)	1.34 (300)
Grab Tensile Elongation	ASTM D 4632	%	50	50
Trapezoid Tear Strength	ASTM D 4533	kN (lbs)	0.51 (115)	0.51 (115)
Mullen Burst Strength	ASTM D 3786	kPa (psi)	4030 (585)	
Puncture Strength	ASTM D 4833	kN (lbs)	0.78 (175)	
Apparent Opening Size (AOS)	ASTM D 4751	mm (U.S. Sieve)	0.150 (100)	
Permittivity	ASTM D 4491	sec^{-1}	0.8	
Permeability	ASTM D 4491	cm/sec	0.18	
Flow Rate	ASTM D 4491	$l/min/m^2$ ($gal/min/ft^2$)	2648 (65)	
UV Resistance (at 500 hours)	ASTM D 4355	% strength retained	70	

Physical Properties	Test Method	Unit	Typical Value
Weight	ASTM D 5261	g/m^2 (oz/yd^2)	387 (11.4)
Thickness	ASTM D 5199	mm (mils)	3.0 (120)
Roll Dimensions (width x length)	--	m (ft)	4.5 x 91 (15 x 300)
Roll Area	--	m^2 (yd^2)	418 (500)
Estimated Roll Weight	--	kg (lb)	175 (386)

DISCLAIMER: Ten Cate Nicolon warrants our products to be free from defects in material and workmanship when delivered to Ten Cate Nicolon's customers and that our products meet our published specifications. Contact your local Ten Cate Nicolon Representative for detailed product specification.

JPSS000357
Revision: 2

07/27/2004 00:46 2056749171 SUNSHINE ACCOUNTING PAGE 02

Product Description MIRAFI

Innovative Geotextiles

product

Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

Mirafi® Construction Products offers a wide range of nonwoven geotextiles for soil separation, filtration and protection. These geotextiles are cost-effective reinforcement elements which improve and enhance modern construction techniques in a variety of civil engineering applications.

PRODUCT DESCRIPTION

Mirafi® N-Series products are nonwoven geotextiles comprised of polypropylene staple fibers. Mirafi® N-Series Nonwoven Polypropylene Geotextiles provide excellent physical and hydraulic properties in addition to high tensile strengths.

FEATURES AND BENEFITS

- **Construction.** Mirafi® N-Series geotextiles easily conform to the ground or trench surface for trouble-free installation.
- **Strength.** Mirafi® N-Series geotextiles withstand severe installation stresses with high puncture and burst resistance.
- **Filtration.** High permeability properties provide high water flow rates while providing excellent filtration properties.
- **Environmental.** Mirafi® N-Series geotextiles are chemically stable in a wide range of aggressive environments.
- **Cost effective.** Mirafi® N-Series geotextiles provide economical solutions to many civil engineering applications including a cost-effective alternative to graded-aggregate filters.

APPLICATIONS

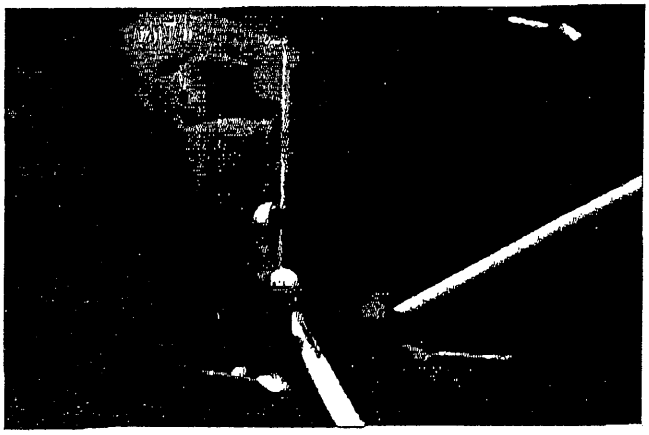
Mirafi® N-Series Nonwovens are used in a wide variety of applications including separation, filtration, and protection applications.

Lightweight nonwovens are predominantly used for subsurface drainage applications along highways, within embankments, under airfields, and athletic fields. For these drainage structures to be effective, they must have a properly designed protective filter. Mirafi® N-Series Nonwoven Geotextiles eliminate the problems of determining the aggregate gradation required to match soil conditions, finding a convenient and economical source of a specific aggregate gradation, transporting and placing graded aggregate, and assuring that the in-place aggregate gradation provides effective filter performance.

Heavyweight nonwovens are use in critical subsurface drainage systems, soil separation, permanent erosion control, and geomembrane liner protection within landfills. These geotextiles provide the required strength and abrasion resistance to withstand installation and application stresses to create an effective, long-term solution.

Mirafi® N-Series heavyweight nonwoven used as a liner protection in landfill application.

Mirafi® N-Series lightweight nonwoven used as protective filter in subsurface drainage application.



Mirafi® N-Series light weight nonwoven used as protective filter in an athletic field.

Ten Cate Nicolon

INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

General

This document is prepared to help ensure that the geosynthetic soil reinforcement, once installed, will perform its intended design function. To do so, the geosynthetic must be identified, handled, stored, and installed in such a way that its physical property values are not affected and that the design conditions are ultimately met as intended. This document contains information consistent with generally accepted practices of identifying, handling, storing, and installing geosynthetic materials. Failure to follow these guidelines may result in the unnecessary failure of the geosynthetic in a properly designed application.

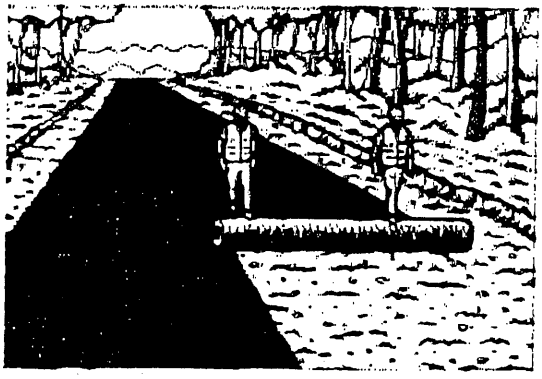
Material Identification, Storage and Handling

The geotextile shall be rolled on cores having strength sufficient to avoid collapse or other damage from normal use. Each roll shall be wrapped with a plastic covering to protect the geosynthetic from damage during shipping and handling, and shall be identified with a durable gummed label or the equivalent, clearly readable on the outside of the wrapping for the roll. The label shall show the manufacturer's name, the style number, and the roll number. Roll identification corresponding to the proposed location of the roll as shown on the construction drawings and as approved by the Engineer, Owner and Contractor can be provided.

While unloading or transferring the geosynthetic from one location to another, prevent damage to the wrapping, core, label, or to the geosynthetic itself. If the geosynthetic is to be stored for an extended period of time, the geosynthetic shall be located and placed in a manner that ensures the integrity of the wrapping, core, and label as well as the physical properties of geosynthetic. This can be accomplished by elevating the geosynthetic off the ground on dunnage and ensuring that it is adequately covered and protected from ultraviolet radiation including sunlight, chemicals that are strong acids or strong bases, fire or flames including welding sparks, temperatures in excess of 60°C (140°F), and human or animal destruction.

Geosynthetic Placement

All trees and brush should be cleared from the site. Specialized equipment with low ground pressure, as directed by the Engineer, may be required. Depending on the water table location and subgrade strength, the remaining vegetative mat may remain in place to keep near surface soils stabilized, as directed by the Engineer. For stronger



INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

Prepared by

MIRAFI®
Construction Products

365 South Holland Drive
Pendergrass, GA 30567
Tel: (706) 693-2226
Fax: (706) 693-2083
www.mirafi.com

Technical Data MIRAFI

Innovative Geotextiles

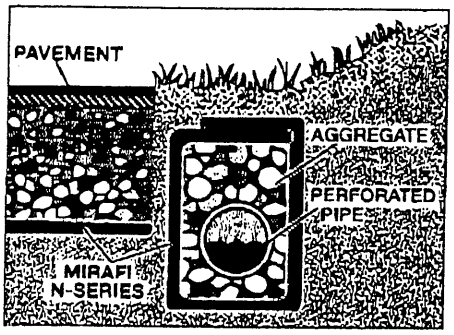
product Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

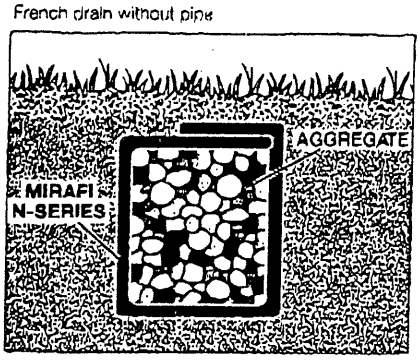
Property / Test Method	Units	140NL	140NC	140N	160N	170N	180N	1100N	1120N	1160N
MECHANICAL PROPERTIES										
Grab Tensile Strength ASTM D 4632										
Strength @ Ultimate	kN (lbs)	0.40 (90)	0.45 (100)	0.53 (120)	0.71 (160)	0.80 (180)	0.9 (205)	1.11(250)	1.34 (300)	1.69 (380)
Elongation @ Ultimate	%	50	60	50	50	50	50	50	50	50
Mullen Burst Strength	kPa	1205	1447	1550	2100	2273	2618	3445	4030	5098
ASTM D 3786	(psi)	(175)	(210)	(225)	(305)	(330)	(380)	(500)	(585)	(740)
Trapezoidal Tear Strength	kN	0.18	0.20	0.22	0.27	0.33	0.36	0.45	0.51	0.62
ASTM D 4355	(lbs)	(40)	(45)	(50)	(60)	(75)	(80)	(100)	(115)	(140)
Puncture Strength	kN	0.24	0.30	0.30	0.42	0.46	0.58	0.69	0.78	1.05
ASTM D 4833	(lbs)	(55)	(65)	(65)	(95)	(105)	(130)	(155)	(175)	(235)
UV Resistance after 500 hrs. ASTM D 4355	% strength	70	70	70	70	70	70	70	70	70
HYDRAULIC PROPERTIES										
Apparent Opening Size (AOS)	US Sieve	60	70	70	70	100	80	100	100	100
ASTM D 4751	mm	0.25	0.212	0.212	0.212	0.149	0.180	0.150	0.150	0.150
Permittivity ASTM D 4491	sec^{-1}	2.0	1.9	1.8	1.4	1.4	1.2	1.0	0.8	0.7
Flow Rate ASTM D 4491	$l/min/m^2$ ($gal/min/ft^2$)	5907 (145)	5704 (140)	5500 (135)	4477 (110)	4278 (105)	3866 (95)	3056 (75)	2648 (65)	2037 (50)
Packaging										
Roll Width	m(ft)	3.8 (12.5) 4.5 (15.0)	3.8 (12.5) 4.5 (15.0)	3.8 (12.5) 4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)
Roll Length	m(ft)	110 (360)	110 (360)	110 (360)	91 (300)	91 (300)	91 (300)	91 (300)	91 (300)	46 (150)
Est. Gross Weight	kg(lbs)	60 (133) 70 (160)	60 (152) 83(182)	74 (164) 89 (197)	99 (217)	110 (242)	124 (273)	154 (339)	175 (386)	110 (243)
Area	$m^2(yd^2)$	418 (500) 502 (600)	418 (500) 502 (600)	418 (500) 502(600)	418 (500)	418 (500)	418 (500)	418 (500)	418 (500)	209 (250)

NOTE: All Mechanical Properties and Hydraulic Properties shown are Minimum Average Roll Values (MARV).

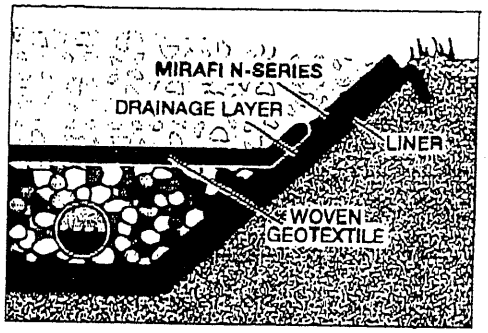
Cut-off/inceptor drain along a roadway or other critical structure



French drain without pipe



Liner protection within a landfill



www.mirafi.com

WARRANTY

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CORPORATE OFFICE

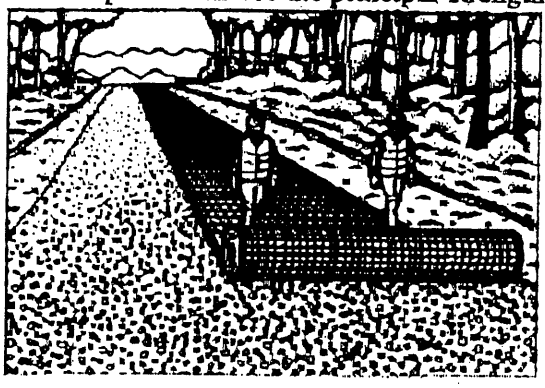
3801 South Holland Drive • Pendergrass, GA 30567

(888) 795-0808 • (706) 693-2226 • Fax (706) 693-4400

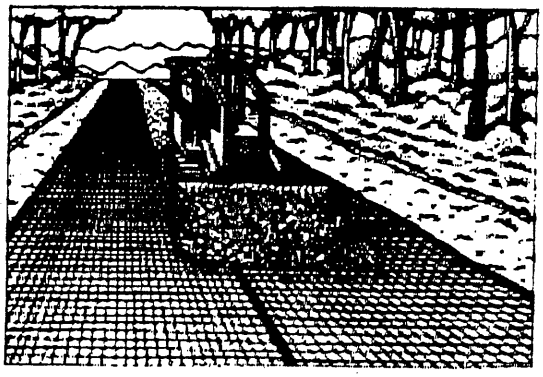
subgrades, the subgrade should be cleared of all vegetation and proof rolled.

Excessively rutting or pumping soils may be excavated and replaced with granular fill. The surface of the subgrade should be smooth and level, and depressions or humps greater than 15 cm (6 in) should be graded out.

The geosynthetic reinforcement shall be placed directly on the prepared subgrade. It should be rolled out flat and tight with no folds. The rolls should be oriented as shown on plans to insure the principal strength direction of the material is placed in the correct orientation. Adjacent rolls should be overlapped as a function of subgrade strength (CBR) as follows: 30 cm (12 in) to 45 cm (18 in) for CBR 3.0 and above; 60 cm (24 in) to 90 cm (36 in) for CBR 1.0 to 3.0, 90 cm (36 in) or more or sewn for CBR values 0.5 to 1.0; and sewn for CBR values less 0.5.

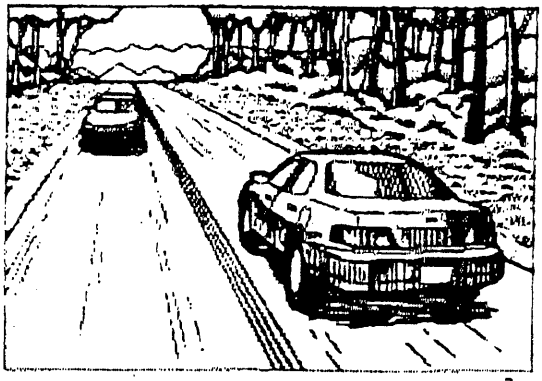


Prior to fill placement, the geosynthetic should be held in place using suitable means such as pins, piles of soil, etc. so that it doesn't move around during fill placement.



Fill Placement

Fill should be placed directly over the geosynthetic in 20 cm (8 in) to 30 cm (12 in) loose lifts. For very weak subgrades, 45 cm (18 in) lifts or thicker lifts, may be required to stabilize the subgrade, as directed by the Engineer.



Most rubber-tired vehicles can be driven at slow speeds, less than 16 km/h (10 mph) and in straight paths over the exposed geosynthetic without causing damage to the geosynthetic. Sudden braking and sharp turning should be avoided. Tracked construction equipment should not be

operated directly upon the geosynthetic. A minimum fill soil thickness of 15cm (6 in) is required prior to operation of tracked vehicles over the geosynthetic. Turning of tracked vehicles should be kept to a minimum to prevent tracks from displacing the fill and damaging the geosynthetic.

Once a stable working platform has been obtained, as determined by the Engineer, fill shall be compacted to 95% of standard Proctor density at a moisture content within $\pm$ 3 % of optimum moisture content.

APPENDIX S

GEOCOMPOSITE DOCUMENTATION

GSE STANDARD PRODUCTS

Product Data Sheet

GSE FabriNet HS Geocomposites

GSE FabriNet HS geocomposite consists of GSE HyperNet HS geonet heat-laminated on one or both sides with a GSE nonwoven needlepunched geotextile. GSE HyperNet HS is a 275 mil thick geonet manufactured from a premium grade high density polyethylene resin. For the purpose of lamination to geonets, GSE nonwoven needlepunched geotextiles are available in mass per unit area range of 6 oz/yd² (200 g/m²) to 16 oz/yd² (540 g/m²). GSE FabriNet HS geocomposites are designed and formulated to perform drainage function under a range of anticipated site loads, gradients and boundary conditions. Index properties for the product are provided in the table below. Please contact GSE for further information regarding performance under site-specific conditions.

Product Specifications

TESTED PROPERTY	TEST METHOD	FREQUENCY	MINIMUM AVERAGE ROLL VALUE[d]		
Geocomposite			**6 oz/yd²**	**8 oz/yd²**	**10 oz/yd²**
Product Code:			F72060060S	F72080080S	F72100100S
Transmissivity[a], gal/min/ft (m²/sec)	ASTM D 4716-00	1/540,000 ft²	3.38 (7.0 x 10^{-4})	3.38 (7.0 x 10^{-4})	3.38 (7.0 x 10^{-4})
Ply Adhesion, lb/in (g/cm)	GRI GC-7	1/50,000 ft²	1.0 (178)	1.0 (178)	1.0 (178)
Roll Width, ft (m)			~~14.5~~ (4.4)	14.5 (4.4)	14.5 (4.4)
Roll Length, ft (m)			180 (54)	170 (51)	160 (48)
Roll Area, ft² (m²)			2,610 (242)	2,465 (229)	2,320 (215)
Geonet core[b]					
Transmissivity[a], gal/min/ft (m²/sec)	ASTM D 4716-00		28.98 (6 x 10^{-3})	28.98 (6 x 10^{-3})	28.98 (6 x 10^{-3})
Thickness, mil (mm)	ASTM D 5199	1/50,000 ft²	275 (7)	275 (7)	275 (7)
Density, g/cm³	ASTM D 1505	1/50,000 ft²	0.94	0.94	0.94
Tensile Strength (MD), lb/in (N/mm)	ASTM D 5035	1/50,000 ft²	65 (11.5)	65 (11.5)	65 (11.5)
Carbon Black Content, %	ASTM D 1603	1/50,000 ft²	2.0	2.0	2.0
Geotextile (prior to lamination)[b,c]					
Mass per Unit Area, oz/yd² (g/m²)	ASTM D 5261	1/90,000 ft²	6 (200)	8 (270)	10 (335)
Grab Tensile, lb (N)	ASTM D 4632	1/90,000 ft²	170 (755)	220 (975)	260 (1,155)
Puncture Strength, lb (N)	ASTM D 4833	1/90,000 ft²	90 (395)	120 (525)	165 (725)
AOS, US Sieve (mm)	ASTM D 4751	1/540,000 ft²	70 (0.212)	80 (0.180)	100 (0.150)
Permittivity, (sec⁻¹)	ASTM D 4491	1/540,000 ft²	1.5	1.5	1.2
Flow Rate, gpm/ft² (l/min/m²)	ASTM D 4491	1/540,000 ft²	110 (4,480)	110 (4,480)	85 (3,460)
UV Resistance, % Retained	ASTM D 4355 (after 500 hours)	once per formulation	70	70	70

NOTES:

- [a] Gradient of 0.1, normal load of 10,000 psf, water at 70° F (20° C), between stainless steel plates for 15 minutes.
- [b] Component properties prior to lamination.
- [c] Several geotextiles are available and may be supplied as determined by GSE.
- [d] These are MARV values and are based on the cumulative results of specimens tested by GSE. AOS in mm is a maximum average roll value.

DS064 R07/07/03

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Americas	**GSE Lining Technology, Inc.**	**Houston, Texas**	**800-435-2008**	**281-443-8564**	**Fax: 281-230-8650**
Asia/Pacific	**GSE Lining Technology Company Ltd.**	**Bangkok, Thailand**		**66-2-937-0091**	**Fax: 66-2-937-0097**
Europe/Middle East/Africa	**GSE Lining Technology GmbH**	**Hamburg, Germany**		**49-40-767420**	**Fax: 49-40-7674233**

This product data sheet is also available on our website at:

www.gseworld.com

State of New Jersey

Richard J. Codey
Acting Governor

Department of Environmental Protection
Bureau of Risk Management, Initial Notice and Case Assignment
Underground Storage Tanks Unit
PO BOX 435
401 East State Street
Trenton, NJ 08625-0435

Bradley M. Campbell
Commissioner

Mr. Keith Schwartz
Pfizer Inc.
100 Route 206 North
Peapack, NJ 07977

MAY 0 5 2005

Re: Pfizer Inc.
100 Route 206 North
Peapack, Somerset County
Closure #N04-3268, UST #000695
Block: 20, Lot: 10

Dear Mr. Schwartz:

On April 26, 2005 the New Jersey Department of Environmental Protection (Department) received a response of the deficiency letter from Roux Associates, Inc. documenting the following steps taken for the closure of the underground storage tank system(s) at the above referenced facility, which is/are regulated under the Underground Storage of Hazardous Substance Act (**N.J.S.A. 58:10A-21 et seq**) and Implementing Regulations N.J.A.C. 7:14B et seq.

This closure consisted of the abandonment-in-place of three 40000 gallon diesel underground storage tank (UST)s, and all associated piping.

I. **Deficiencies/Requirements**

Based upon a review of the site investigation completed to date and phone conversation with Mr. Robert W. Fisler, Roux Associates, Inc., the following deficiencies shall be addressed as required below.

A. **Site Investigation**

1. The Roux Associates, Inc.'s proposal to conduct supplemental soil sampling activities to evaluate the former USTs is acceptable to the Department

Other

A. **Certification Requirements**

Effective April 25, 1992, all persons performing tank services must be certified per N.J.S.A. 58:10A-24.1-8. **All work related to any tank service shall now be conducted by, or under the immediate on site supervision of an individual certified in the activity being conducted.** All documents (tank closure and permit applications, reports, proposals) submitted to the Department shall be prepared and signed by a certified individual.

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43588

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 08/30/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131142226	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
2	131142227	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
3	131142228	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
4	131142231	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	961.00
5	131142232	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	953.00
6	131142234	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	941.00
7	131142236	3074	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	1,185.00
8	131150430	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	941.00
9	131150431	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	948.00

TRL# 647049

Total Quantity: 22,794 Total Weight: 8,815.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed: x

Pick Up # 3488KS

Seal #

Truckers P.O. #

Driver Requirements:

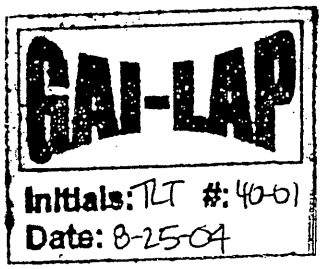
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: TEI
CARRIER SIGNATURE: John Thomas
DATE: 8-30-04

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131142226	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142227	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142228	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142231	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142232	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142234	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142236	CB24012403	F72080080S	F72080080S	3/15/2004	212
131150430	CB24051004	F72080080S	F72080080S	6/2/2004	170
131150431	CB24051004	F72080080S	F72080080S	6/2/2004	170



GSE

Geocomposite Traceability

Customer Taylor Corporation
Location Oxford, AL

Job Name Ta ylor Corporation
Order 36684

Roll_No	*Product*	*Resin Lot*	*Top Geo*	*Bottom Geo*
131142226	F72080080S	CB24012403	130162569	130159326
131142227	F72080080S	CB24012403	130162569	130159326
131142228	F72080080S	CB24012403	130162569	130159326
131142231	F72080080S	CB24012403	130159319	130159326
131142232	F72080080S	CB24012403	130159319	130159327
131142234	F72080080S	CB24012403	130159319	130159327
131142236	F72080080S	CB24012403	130159319	130159327
131150430	F72080080S	CB24051004	130162207	130162218
131150431	F72080080S	CB24051004	130162207	130162218

GSE *GSE Nonwoven Technology*

Roll Test Data Summary - English Units

Product : NW8 *Item Code:* FBR0808200 *Roll Width:* 15.0 feet *Test Date:* 12/16/2003

Roll No.	*Mass per Unit Area*	*Thickness*	*Grab Strength*		*Grab Elongation*		*Trap Tear Strength*		*Puncture Strength*	*Mullen Burst Strength*	*Apparent Opening Size*	*Permittivity*	*Permeability*
	ASTM D 5261	*ASTM D 5199*	*ASTM D 4632*		*ASTM D 4632*		*ASTM D 4533*		*ASTM D 4833*	*ASTM D 3786*	*ASTM D 4751*	*ASTM D 4491*	
	(oz/yd2)	*(mils)*	*MD (lbs)*	*CD (lbs)*	*MD (%)*	*CD (%)*	*MD (lbs)*	*CD (lbs)*	*(lbs)*	*(psi)*	*(mm)*	*(sec-1)*	*(cm/sec)*
130159319	8.2	120	282	284	100	133	135	181	148	512	0.180	1.9	0.6
130159326	8.4	120	267	281	102	133	119	150	159	464	0.180	1.9	0.6
130159327	8.4	120	267	281	102	133	119	150	159	464	0.180	1.9	0.6
130162207	8.7	114	313	285	96	127	124	157	172	516	0.180	1.8	0.5
130162218	8.8	103	306	268	94	139	143	164	146	486	0.180	1.8	0.5
130162569	8.5	98	254	267	100	133	122	126	141	392	0.180	2.0	0.5

Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material : 504295 PETROTHENE® LR732001
Batch Number : CB24012403
Vehicle Number : EQUX620017
Estimated Quantity : 188,100 LBS

Customer Order No. : 30241
Customer Number : 42584
Date Shipped : January 26, 2004
Equistar Order No. : 849922 000010
Delivery Item No. : 81060593 000010

Test Description	Test Result	Unit of Measure	
Vehicle ID	EQUX620017		
Vehicle Type	HOPPER CAR		
Melt Index, 2160g @ 190C	0.32	g/10 min.	STM 002
Density, Extrudate @ 23C	0.9531	g/cc	STM 011
HLMI, 21600g @ 190C	37.0	g/10 min.	STM 002

Approved by:

Wilbert Carter Jr.

Print Date: February 09, 2004 VLMCCLAY
This information is available 24 hours a day at
www.CustomerXPRESS.com
Questions ? Call Customer Service: 888-777-0232

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One Houston Center
1221 McKinney
Houston TX 77010

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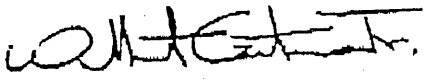
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material	: 504295 PETROTHENE® LR732001	**Customer Order No.**	: 30241
Batch Number	: CB14042803	**Customer Number**	: 42584
Vehicle Number	: EQUX631913	**Date Shipped**	: April 30, 2004
Estimated Quantity	: 196,200 LBS	**Equistar Order No.**	: 892719 000010
		Delivery Item No.	: 81115572 000010

Test Description	Test Result	Unit of Measure
Vehicle ID	EQUX631913	
Vehicle Type	HOPPER CAR	
Melt Index, 2160g @ 190C	0.33	g/10 min.
Density, Extrudate @ 23C	0.9530	g/cc
HLMI, 21600g @ 190C	36.0	g/10 min.

Approved by:



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BP SOLVAY Polyethylene

CERTIFICATE OF ANALYSIS
Batch: C040503A10

Information Provided to:	Shipped To:
GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE, SC 29556 *Contact:* NORMAN LE GETTE *Fax:* 843-201-1531	GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE SC 29556 USA

Order information on Shipment of:	Sold-To:
FORTIFLEX[RM] B53-35H-011 PE PELLETS	GSE LINING TECHNOLOGY INC

Customer Purchase Order No.:	Material Code:	Dry Short Tons:	Delivery / BOL No.:
30376	64442		80551294

Shipping Date:	Shipping Vehicle No.:	Net Weight:	Number and Type of Package:
05/06/2004	HCBX001555	210,500 LB	1

Comment(s):

CUSTOMER SPECIFICATION ANALYSIS	METHOD	RESULT	UNIT	MIN	MAX
MI 2.16 (1X)	ASTM D1238-01	0.33	g/10mn		
DENSITY (NATURAL RESIN)	ASTM D4883-99	0.9538	g/cm3		

Responsible Care®

SUPPLIER:	APPROVED BY:
BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419	Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740

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Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material	: 504295 PETROTHENE® LR732001	Customer Order No.	: 30241/Item 1
Batch Number	: CB24051004	Customer Number	: 42684
Vehicle Number	: NAHX620456	Date Shipped	: May 12, 2004
Estimated Quantity	: 186,200 LBS	Equistar Order No.	: 905965 000010
		Delivery Item No.	: 81123097 000010

Test Description	Test Result	Unit of Measure	
Vehicle ID	NAHX620456		
Vehicle Type	HOPPER CAR		
Melt Index, 2160g @ 190C	0.30	g/10 min.	STM 002
Density, Extrudate @ 23C	0.9532	g/cc	STM 011
HLMI, 21600g @ 190C	34.0	g/10 min.	STM 002

Approved by:

Wilbert Carter Jr.

Print Date: May 26, 2004 VLMCCLAY
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www.CustomerXPRESS.com
Questions ? Call Customer Service: 888-777-0232

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GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131142231

ROLL IDENTIFICATION	
Roll Number	131142231
Product Name	F72080080S
Production Date	3/15/2004
Resin Lot #	CB24012403

CUSTOMER INFORMATION	
Order Number	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Composite	7.08E-04	3.50	15	SS Plates

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142226

ROLL IDENTIFICATION

Roll Number	131142226	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170	feet
	52	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	2,465	sq. feet
	229	sq. meters
Weight	962	pounds
	436	kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142227

ROLL IDENTIFICATION

Roll Number	131142227
Product Name	F72080080S
Production Date	3/15/2004

Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	962 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142228

ROLL IDENTIFICATION

Roll Number	131142228	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	962 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142231

ROLL IDENTIFICATION

Roll Number	131142231	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	961 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142232

ROLL IDENTIFICATION

Roll Number	131142232	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142234

ROLL IDENTIFICATION

Roll Number	131142234	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	307	(8)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.960	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142236

ROLL IDENTIFICATION

Roll Number	131142236	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	212 65	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	3,074 285	sq. feet sq. meters
Weight	1,185 538	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131150430

ROLL IDENTIFICATION

Roll Number	131150430	
Product Name	F72080080S	
Production Date	6/2/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CB24051004
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.30

Geotextile1 # 130162207 Geotextile2 # 130162218

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	312	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	105	(465)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.39	(1994)
Side B - Minimum		every 10th	0.50	(227)	4.81	(2182)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.26	(2388)
Side B - Average		every 10th	1.00	(454)	5.44	(2471)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
V.S.
6/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131150431

ROLL IDENTIFICATION

Roll Number	131150431	
Product Name	F72080080S	
Production Date	6/2/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	948 430	pounds kilograms

RESIN INFORMATION

Lot Number	CB24051004
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.30

Geotextile1 # 130162207 Geotextile2 # 130162218

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	312	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	105	(465)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.39	(1994)
Side B - Minimum		every 10th	0.50	(227)	4.81	(2182)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.26	(2388)
Side B - Average		every 10th	1.00	(454)	5.44	(2471)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
V.S.
6/2/2004
QA

GSE Lining Technology, Inc.

1245 Eastland Avenue
Kingstree, SC 29556
Phone 843-382-4603
Fax 843-382-4604

Date 8-25-04

Ref: Ultraviolet (UV) Resistance and Test Frequency of GSE Geotextiles

Project 515561

To Whom It May Concern:

The resistance of nonwoven needle punched geotextiles to ultraviolet light depends primarily on antioxident and carbon black package mixed with resin to prepare a formulation for fiber extrusion. As long as this formulation remains the same the UV resistance of a geotextiles does not change. Therefore, GSE performs UV testing only once per resin formulation. The testing is performed according to ASTM Test Method D 4355 and results are included on GSE geotextile specification sheet. Currently, all GSE geotextiles meet or exceed a value of 70% strength retained after 500 hours of UV exposure. GSE will meet or exceed this value for the referenced project.

Although GSE geotextiles are manufactured using one of the best available antioxident packages, we recommend covering the geotextiles within 15 days of exposure to direct Sunlight. This period does not include time during which geotextiles rolls remain on site covered in black shrink-wrap. Our recommendation is based on UV performance data published in technical literature indicating geotextile strength can decrease sharply after prolonged exposure to Sunlight.

Actual data from an independent laboratory can be supplied upon request.

Charles L. Miller
Laboratory Manager - Kingstree

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:
Melanie Taylor @ 256/835-1800 256/835-1800

due 9/3

Sales Order
36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131160826	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
2	131160836	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	951.00
3	131160837	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	956.00
4	131160841	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	950.00
5	131160842	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
6	131160843	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	948.00
7	131160844	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	949.00
8	131160845	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	947.00
9	131160846	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	945.00
10	131160853	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	954.00
11	131160854	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
12	131160855	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00

2 bags ties

TR 724828

Total Quantity: 45,900 Total Weight: 16,149.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification
Signed:
X

Pick Up #
3489KS

Seal #

Truckers P.O. #

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: TEF
CARRIER SIGNATURE: Dale Twagner
DATE: 9-2-04

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:
Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order
36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
13	131160856	2700	SF	F72060060T XL7 Fabrinet, 2 Side, 15' XL7 Fabrinet, 2 Side, 15'	960.00
14	131160857	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	943.00
15	131160858	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	944.00
16	131160859	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	941.00
17	131160860	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	940.00

Total Quantity: 45,900 Total Weight: 16,149.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed:
X

Pick Up #
3489KS

Seal #

Truckers P.O. #

Driver Requirements:

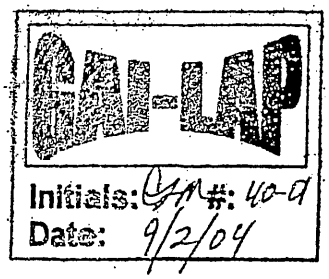
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____
CARRIER SIGNATURE: _____
DATE: _____

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160820	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160821	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160822	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160823	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160824	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160825	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160826	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160827	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160828	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160829	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160830	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160831	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160832	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160833	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160834	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160835	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160836	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160837	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160838	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160839	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160840	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160841	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160842	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160843	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160844	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160845	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160846	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160847	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160848	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160849	CRG610991	F72060060T	F72060060T	9/2/2004	180



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160850	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160851	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160852	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160853	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160854	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160855	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160856	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160857	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160858	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160859	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160860	CRG610991	F72060060T	F72060060T	9/2/2004	180

GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION		CUSTOMER INFORMATION	
Roll Number	131160830	Order Number	36684
Product Name	F72060060T	Customer Name	Taylor Corporation
Production Date	9/2/2004	Project Name	Taylor Corporation
Resin Lot #	CRG610991	Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Net	7.64E-03	36.92	15	SS Plates
10000	0.10	Composite	1.60E-03	7.89	15	SS Plates

Chevron Phillips Chemical Company LP

CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

Property	Test Method	Value	Unit
Melt Index	ST-103	0.34	g/10mi
Density	ST-292	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160826

ROLL IDENTIFICATION

Roll Number	131160826	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160836

ROLL IDENTIFICATION

Roll Number	131160836	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	951 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160837

ROLL IDENTIFICATION

Roll Number	131160837	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	956 434	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160841

ROLL IDENTIFICATION

Roll Number	131160841	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	950 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160842

ROLL IDENTIFICATION

Roll Number	131160842	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≃(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160843

ROLL IDENTIFICATION

Roll Number	131160843	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	948 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177875 *Geotextile2 #* 130177858

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160844

ROLL IDENTIFICATION

Roll Number	131160844
Product Name	F72060060T
Production Date	9/2/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	949 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160845

ROLL IDENTIFICATION

Roll Number	131160845
Product Name	F72060060T
Production Date	9/2/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	947 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 **Geotextile2 #** 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160846

ROLL IDENTIFICATION

Roll Number	131160846	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160853

ROLL IDENTIFICATION

Roll Number	131160853	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	954 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160854

ROLL IDENTIFICATION

Roll Number	131160854	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160855

ROLL IDENTIFICATION

Roll Number	131160855	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified
GSE-8.2.4-007 Rev - - 02/03

APPROVED
e.g.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160856

ROLL IDENTIFICATION

Roll Number	131160856	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160857

ROLL IDENTIFICATION

Roll Number	131160857	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	943 428	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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c.g.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160858

ROLL IDENTIFICATION

Roll Number	131160858	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	944 428	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified
GSE-8.2.4-007 Rev - - 02/03

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9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160859

ROLL IDENTIFICATION

Roll Number	131160859	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	285	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED C.J. 9/2/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160860

ROLL IDENTIFICATION

Roll Number	131160860	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	940 426	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
C.J.
9/2/2004
QA

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

due 9/3

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131160820	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	1,085.00
2	131160821	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00
3	131160822	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	953.00
4	131160823	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	938.00
5	131160824	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	936.00
6	131160825	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	938.00
7	131160827	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	955.00
8	131160828	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
9	131160829	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	960.00
10	131160830	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	960.00
11	131160831	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00
12	131160832	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	965.00

3 bags

TR 510791

Total Quantity: 64,800

Total Weight: 23,011.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification
Signed:
X

Pick Up # 3521KS

Seal #

Truckers P.O. #

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: DEL
CARRIER SIGNATURE: RC Hull
DATE: 9-2-04

ORIGINAL

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
13	131160833	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' XL7 Fabrinet, 2 Side, 15'	953.00
14	131160834	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	951.00
15	131160835	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
16	131160838	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	955.00
17	131160839	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	954.00
18	131160840	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
19	131160847	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	945.00
20	131160848	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	946.00
21	131160849	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	946.00
22	131160850	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
23	131160851	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	957.00
24	131160852	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	970.00

Total Quantity: 64,800 Total Weight: 23,011.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

_____
Signature of Consignor

Local Verification Signed:

X _____

Pick Up # 3521KS

Seal #

Truckers P.O. #

Driver Requirements:

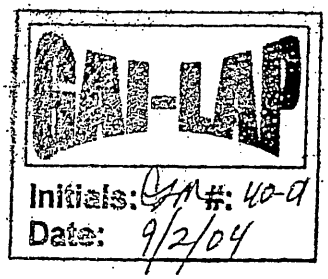
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____
CARRIER SIGNATURE: _____
DATE: _____

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160820	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160821	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160822	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160823	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160824	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160825	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160826	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160827	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160828	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160829	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160830	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160831	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160832	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160833	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160834	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160835	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160836	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160837	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160838	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160839	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160840	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160841	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160842	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160843	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160844	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160845	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160846	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160847	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160848	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160849	CRG610991	F72060060T	F72060060T	9/2/2004	180



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160850	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160851	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160852	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160853	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160854	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160855	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160856	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160857	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160858	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160859	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160860	CRG610991	F72060060T	F72060060T	9/2/2004	180

GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION	
Roll Number	131160830
Product Name	F72060060T
Production Date	9/2/2004
Resin Lot #	CRG610991

CUSTOMER INFORMATION	
Order Number	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Net	7.64E-03	36.92	15	SS Plates
10000	0.10	Composite	1.60E-03	7.89	15	SS Plates

Chevron Phillips Chemical Company LP

CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

Property	Test Method	Value	Unit
Melt Index	ST-103	0.34	g/10mi
Density	ST-292	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160820

ROLL IDENTIFICATION

Roll Number	131160820	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	1,085 492	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130165285 Geotextile2 # 130171079

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	289	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	87	(387)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.35	(1977)
Side B - Minimum		every 10th	0.50	(227)	3.48	(1582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.90	(2224)
Side B - Average		every 10th	1.00	(454)	4.07	(1847)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number	131160821	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160820

ROLL IDENTIFICATION

Roll Number	131160820	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	1,085 492	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130165285 Geotextile2 # 130171079

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	289	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	87	(387)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.35	(1977)
Side B - Minimum		every 10th	0.50	(227)	3.48	(1582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.90	(2224)
Side B - Average		every 10th	1.00	(454)	4.07	(1847)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number	131160821
Product Name	F72060060T
Production Date	9/1/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160822

ROLL IDENTIFICATION

Roll Number	131160822	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177524 *Geotextile2 #* 130177489

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160823

ROLL IDENTIFICATION

Roll Number	131160823	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	938 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160824

ROLL IDENTIFICATION

Roll Number	131160824	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	936 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160825

ROLL IDENTIFICATION

Roll Number	131160825	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	938 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160827

ROLL IDENTIFICATION

Roll Number	131160827	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	955 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177876 *Geotextile2 #* 130177857

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160828

ROLL IDENTIFICATION

Roll Number	131160828	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160829

ROLL IDENTIFICATION

Roll Number	131160829	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number	131160830	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160831

ROLL IDENTIFICATION

Roll Number	131160831	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160832

ROLL IDENTIFICATION

Roll Number	131160832	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	965 438	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160833

ROLL IDENTIFICATION

Roll Number	131160833	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160834

ROLL IDENTIFICATION

Roll Number	131160834	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	951 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160835

ROLL IDENTIFICATION

Roll Number	131160835	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177856 *Geotextile2 #* 130177859

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160838

ROLL IDENTIFICATION

Roll Number	131160838	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	955 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160839

ROLL IDENTIFICATION

Roll Number	131160839	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	954 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160840

ROLL IDENTIFICATION

Roll Number	131160840	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160847

ROLL IDENTIFICATION

Roll Number	131160847	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177875 *Geotextile2 #* 130177858

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160848

ROLL IDENTIFICATION

Roll Number	131160848	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	946 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160849

ROLL IDENTIFICATION

Roll Number	131160849	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	946 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160850

ROLL IDENTIFICATION

Roll Number	131160850	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160851

ROLL IDENTIFICATION

Roll Number	131160851	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	957 434	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160852

ROLL IDENTIFICATION

Roll Number	131160852	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	970 440	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	285	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Shipping Order - Packing List - Original - Not Negotiable

GSE Lining Technology, Inc. at HOUSTON,TEXAS

Shippers No. 45459

Received at Houston, Texas from GSE Lining Technology, Inc. the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract agreed to in writing by GSE Lining Technology and Carrier. GSE Lining Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Lining technology, Inc. for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 10/20/04

Roll Certifications Included

Branch Plant: 1500 .621812

Shipping Instructions:

Ship via dedicated truck

Chris Gay @ 888-398-0175

Sales Order
37548 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions		Weight
1	110167858	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	942.0
2	110167865	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	936.0
3	110167866	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	940.0
4	110167867	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	945.0
5	110167868	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	955.0
6	110167870	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	948.0
7	110167871	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	943.0
8	131162169	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	960.0

Project# 515834

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
4007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed:
X

Pick Up #
6629RR

Seal #

Truckers P.O. #

Total Quantity: 26,680

Total Weight: 7,569.00

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (281) 230-6781 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____

CARRIER SIGNATURE: _____

DATE: _____

BP SOLVAY Polyethylene

CERTIFICATE OF ANALYSIS
Batch: C040827A03

Information Provided to:	Shipped To:
GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON, TX 77073 *Contact:* DON BOHAC *Fax:* 281-230-8630	GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON TX 77073 USA

Order information on Shipment of:	Sold-To:
FORTIFLEX[RM] B53-35H-011 PE PELLETS	GSE LINING TECHNOLOGY INC

Customer Purchase Order No.:	Material Code:	Dry Short Tons:	Delivery / BOL No.:
32378	64442		80587799

Shipping Date:	Shipping Vehicle No.:	Net Weight:	Number and Type of Package:
08/30/2004	HLTX006196	209,300 LB	1

Comment(s):

CUSTOMER SPECIFICATION ANALYSIS	METHOD	RESULT	UNIT
MI 2.16 (1X)	ASTM D1238-01	0.38	g/10mn
DENSITY (NATURAL RESIN)	ASTM D4883-99	0.9545	g/cm3

Responsible Care®

SUPPLIER:	APPROVED BY:
BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419	Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740

THIS REPORT CANNOT BE COPIED OR REPRODUCED EXCEPT IN FULL WITHOUT THE WRITTEN APPROVAL OF THE BP SOLVAY ANALYTICAL AND QUALITY SERVICES DEPARTMENT. RESULTS APPLY ONLY TO THE ITEMS TESTED. THIS DOCUMENT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. USE OF THIS INFORMATION BY ANYONE ELSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US BY PHONE AT 713-307-3740.

CoA Date: 08/11/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86692159
PO #: 30239
Weight: 197480 LB
Ship Date: 08/11/2004
Package: BULK
Mode: Hopper Car
Car #: PSPX008184
Seal No: 141450

Product:
MARLEX POLYETHYLENE HHM 5502BN BULK

Lot Number: 6141044

Property	Test Method	Value	Unit
Melt Index	ASTM D1238	0.400	g/10mi
Density	ASTM D1505	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Jackie Edwards
Certification Systems Specialist

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167858

ROLL IDENTIFICATION

Roll Number	110167858	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	942	pounds
	427	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180126 Geotextile2 # 130180142

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	223	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	55	(243)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.7	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	1.90	(863)
Side B - Average		every 10th	1.00	(454)	1.30	(590)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED D.G. 10/7/2004 QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167865

ROLL IDENTIFICATION

Roll Number	110167865	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	936	pounds
	425	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED L.A. 10/7/2004 QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167866

ROLL IDENTIFICATION

Roll Number	110167866	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	940	pounds
	426	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167867

ROLL IDENTIFICATION

Roll Number	110167867
Product Name	F42060060S
Production Date	10/7/2004

Length ≈(+/- 1%)	230 70	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	3,335 309	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	200	(5)	233	(6)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*	every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.964	
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7* / ASTM D7005	every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167868

ROLL IDENTIFICATION

Roll Number	110167868	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	955	pounds
	433	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED
L.H.
10/7/2004
QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167870

ROLL IDENTIFICATION

Roll Number	110167870	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	948	pounds
	430	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130156189 Geotextile2 # 130180141

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	238	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	51	(226)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.963	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.56	(1162)
Side B - Average		every 10th	1.00	(454)	2.25	(1022)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167871

ROLL IDENTIFICATION

Roll Number	110167871	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	943	pounds
	428	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.955
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.38

Geotextile1 # 130156189 *Geotextile2 #* 130180141

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	238	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	51	(226)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.963	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.56	(1162)
Side B - Average		every 10th	1.00	(454)	2.25	(1022)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131162169

ROLL IDENTIFICATION

Roll Number	131162169	
Product Name	F42060060S	
Production Date	9/14/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	954	pounds
	433	kilograms

RESIN INFORMATION

Lot Number	6141044
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.40

Geotextile1 # 130178409 Geotextile2 # 130178610

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	228	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	66	(294)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.07	(1848)
Side B - Average		every 10th	1.00	(454)	3.71	(1683)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
H.M.
9/14/2004
QA

APPENDIX T

CONCRETE DOCUMENTATION

CONCRETE MIX DESIGN

July 30, 2004

Contractor: Taylor Corporation
Project: Solutia Anniston, 11th Street Project
Concrete Source: Kirkpatrick Concrete, Inc.
Mix Identification:

Mix Design Data Product Code 994013

28-Day Comp. Strength (psi): 4000 psi
Slump: 2.0 (+ OR -) 1.0 inches
Entrained (incl.entrapped) Air: 1.5

Materials & Proportions (saturated, surface dry pounds per cubic yard where applicable):

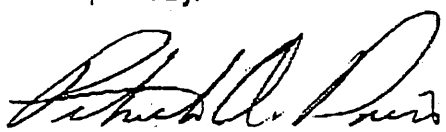
Source	Description		Sp. Grav.	Est.Yield (cu.ft.)
National Cement Company	Cement (ASTM C 150, Type I), lbs.	677	3.15	3.44
Boral	Flyash (ASTM C 618, Class F), lbs.	169	2.30	1.18
Elmore Sand & Gravel	Concrete Sand (ASTM C 33), lbs.	2135	2.63	13.01
Elmore Sand & Gravel	No. 7 Pea Gravel	585	2.63	3.56
	Water, lbs. (US Gals.)	350 (41.9)	1.00	5.61
	Total Air, %	2		0.41
			Total =	27.21
Chemical Admixtures *				
Euclid Chemical Company	Water Reducing Admixture - WR 91 (ASTM C 494, Type A), oz./cu.yd.			34.0
Euclid Chemical Company	Air Entrainment Admixture - AEA 92S (ASTM C 260), oz./cu.yd.			0.0
Euclid Chemical Company	Retarder / Reducer - Eucon Retarder 75 (ASTM C 494, Type D), oz./cu.yd.			0.0

* Admixture dosages are based on past experience and manufacturer's recommendations. Dosages will be adjusted as needed to maintain conrete properties within the allowed tolerances.

Other Information

0.41 = Water to Cementitious Material Ratio, lbs./lbs.
0.20 = Fly Ash to Cementitious Material Ratio, lbs./lbs.
143.9 = Estimated Concrete Unit Weight, pcf

Prepared By:



Patrick A. Davis (Pat)
Field Services Manager

KIRKPATRICK CONCRETE

MATERIAL CERTIFICATIONS

** The materials represented in the mix design submittals are the materials currently being utilized at the plant(s) associated with this project. Any changes in materials may be made without notice, but are guaranteed to meet the same ASTM standards and applicable project specifications as those listed.

NATIONAL CEMENT
A Vicat Company
"The Cement of Choice for Building Success"
National Cement Company of Alabama, Inc.

Suite 800
2000 SouthBridge Parkway
Birmingham, Alabama 35209
Telephone: 205-423-2600
Fax: 205-870-5777

January 6, 2003

Kirkpatrick Concrete Inc.
PO Box 546
Guntersville, Alabama 35976

Gentlemen:

This certifies that **Coosa Portland Cement, Type I,** as manufactured in the United States by National Cement Company, Birmingham, Alabama, meets the requirements of both **ASTM C-150** and **AASHTO M-85** for Portland cement.

This also certifies that **Coosa Portland Cement, Type I,** meets requirements for specification **ASTM C-150** for **Portland Cement, Type II.**

Very truly yours,

Gary K. Fountain
Office Manager - Sales

Sworn to and subscribed to before me on January 6, 2003.

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Aug 23, 2004
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Suite 600
2000 SouthBridge Parkway
Birmingham, Alabama 35209
Telephone: 205-423-2600
Fax: 205-870-5777

NATIONAL CEMENT
A Vicat Company
"The Cement of Choice for Building Success"

National Cement Company of Alabama, Inc.

CERTIFIED MILL TEST REPORT

CONSIGNEE: KIRKPATRICK CONCRETE CO. DESTINATION: BIRMINGHAM, ALABAMA

SPECIFICATION: TYPE I ASTM C-150 M-85

DATE SHIPPED:_____ B/L NUMBER:_____

RESULTS OF TESTS

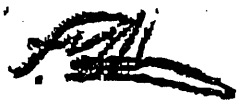
CHEMICAL ANALYSIS BY ASTM C-114	
SILICA:	20.9
ALUMINA:	4.45
FERRIC OXIDE:	3.17
MAGNESIA:	2.5
SULFUR TRIOXIDE:	2.68
IGNITION LOSS:	0.9
INSOLUBLE RESIDUE:	0.3
ALKALI AS NA2O EQUIV:	0.55
POTENTIAL COMPOUNDS	
TRICALCIUM SILICATE:	54.2
TRICALCIUM ALUMINATE:	6.4

TIME OF SET (GILMORE) ASTM C-266		
INITIAL SET TIME: MINUTES		150
FINAL SET: MINUTES:		250
325 SIEVE, % RETAINED ASTM C-430		1.7
WAGNER, SQ/Cm PER GRAM ASTM C-115		2231
BLAINE, SQ/Cm PER GRAM ASTM C-204		3755
AUTOCLAVE EXPANSION: ASTM C-151		0.046
AIR CONTENT: ASTM C-185		9.5
COMPRESSIVE STRENGTHS, PSI, Mpa ASTM C-109		
3 DAY:	3612	24.9
7 DAY:	4592	31.66

I hereby certify that the cement referenced herein has been tested in our laboratory with the above results.

QUALITY CONTROL MANAGER
FRANK W. HOLCOMB

12/19/2002
6198



Boral Material Technologies

BORAL

BORAL MATERIAL TECHNOLOGIES INC.
75 Canton Office Park
1343 Canton Rd., Suite C
Marietta, Georgia 30066

SUPPLIER'S CERTIFICATION

Boral Fly Ash

This is to certify that the Boral High Performance Fly Ash shipped from Plant Bowen, located near Stilesboro, Georgia, meets or exceeds the following specifications:

American Society for Testing & Materials.....ASTM C-618, Class "F"

American Association of State Highway and Transportation Officials.....AASHTO M-295, Class "F"

BORAL MATERIAL TECHNOLOGIES INC.

By: Kenneth L. Hill

Name: Kenneth L. Hill

Title: Manager, Technical Services-Eastern

Subscribed and sworn to before me this 23rd day of May, 2003.

Lanette P. Lepingwell
Notary Public

LANETTE P. LEPINGWELL NOTARY PUBLIC FULTON COUNTY GEORGIA EXPIRES DEC. 26, 2006

BOWEN.CSR

Elmore Sand & Gravel, Inc.
1322 Maron Spillway Road
PO Box 189
Elmore, Alabama 36025
Phone: (334) 285-1805 Fax: (334) 285-1808
Toll Free (877) 248-3335

Kirkpatrick Concrete
2000A Southbridge Parkway
Suite 610
Birmingham, Alabama 35209

Dear Mr. Osterlund

This is to certify that our #100 Concrete Sand meets the requirements of ASTM C-33.

Should you need any additional information, please do not hesitate to call.

Sincerely,
Elmore Sand & Gravel, Inc.

Jonette Gober
Quality Control Manager

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon WR 91, meets or exceeds with the requirements of C-494, Type A. Eucon WR 91 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

The Euclid Chemical Company
19218 REDWOOD ROAD • CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

EUCON WR 91

ASTM TYPE A - WATER REDUCING ADMIXTURE

CONSTRUCTION PRODUCTS FOR VOC A SAFER ENVIRONMENT

EUCON WR 91 is a liquid, water-reducing and plasticizing admixture for concrete. EUCON WR 91 shows improved setting and finishing characteristics when compared to other commonly used type A water reducing admixtures. EUCON WR 91 may be used at a wide range of dosage rates. EUCON WR 91 does not contain calcium chloride or other potential corrosion-enhancing ingredients.

PRIMARY APPLICATIONS

- Flatwork concrete
- General ready mix concrete
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Improves finishability
- Improves workability
- Reduces water requirement
- Reduces segregation
- Improves setting times

Hardened Concrete

- Increases strength at all ages
- Reduces permeability
- Improves finished appearance
- Reduces cracking
- Increases durability
- Non staining
- Compatible with air entraining agents

SPECIFICATIONS / COMPLIANCES

EUCON WR 91 meets or exceeds the requirements of:

- ASTM C-494, Type A

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with reference concrete (plain mix)

Test Age	Compressive Strength	Flexural Strength
3 days	124%	113%
7 days	119%	108%
28 days	116%	104%

Setting Time Change - Initial +20 min.
Final +20 min.

Setting time will vary with dosage rate, mix design and ambient temperatures.

Dosage Rates

EUCON WR 91 is normally used at doses of 2-6 fluid oz per 100 lb (125-375 ml per 100 kg) cement. Dosage recommendations depend on the characteristics of the materials being used in the mix design.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON WR 91 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed with the concrete batch. EUCON WR 91 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PACKAGING

EUCON WR 91 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums, and 5 gal (18.9 liter) pails.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON WR 91 above freezing, however, freezing and subsequent thawing will not harm the material if thoroughly agitated. Never agitate with air or an air lance.
- Add to mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-255-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0426

TRADE NAME
Eucon WR 91

CHEMICAL NAME
Lignosulfonate

1. INGREDIENTS

MATERIAL	CAS #	%	ACGIH(TLV)	PEL
Calcium Lignosulfonate	68131-32-8	65-70	NE	NE
Sodium Glucoheptonate	31138-65-5	5-10	NE	NE
Triethanolamine	102-71-6	0-5	NE	NE

2. PHYSICAL DATA

APPEARANCE: Brown Liquid	ODOR: Slightly Ammonia	MELTPOINT: NA	SPECIFIC GRAVITY: 1.2 ± 0.05
VAPOR DENSITY (AIR=1): NA	%VOLATILE BY WEIGHT: NA	BULK DENSITY: NA	BOILING POINT: NA
VAPOR PRESSURE: NA	%SOLUBILITY(H_2O): Complete	EVAPORATION RATE	PH: 6.5-8.5

3. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT & METHOD: None

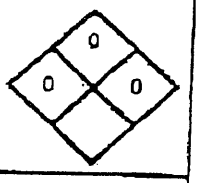
FLAMMABLE LIMITS: LEL None UEL None

EXTINGUISHING MEDIA: None

SPECIAL FIRE FIGHTING PROCEDURES: None

UNUSUAL FIRE AND EXPLOSION HAZARDS: Do not allow to dry. Product will act as an oxidizer.

NFPA FIRE HAZARDS IDENTIFICATION SYSTEM



4. PHYSIOLOGICAL EFFECTS

LD50 ORAL (INGESTION)	LD50 DERMAL (SKIN CONTACT)	LC50 (INHALATION)
NE	NE	NE

PRIMARY ROUTE OF EXPOSURE: Skin

THRESHOLD LIMIT VALUE (TLV): NE

EFFECTS OF OVEREXPOSURE

Inhalation: May cause irritation of respiratory tract.

Eye: Liquid or mist may cause irritation.

Skin: Liquid or mist may cause irritation.

Ingestion: May cause G.I. irritation, nausea and cramps. Large amounts may be toxic and cause CNS effects.

THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air. If illness or irritation occurs, call a Physician or Poison Control Center.
Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
Skin: Wash area twice with soap and water. If pain, irritation or burning persists, call a Physician or Poison Control Center.
Ingestion: Call a Physician or Poison Control Center immediately.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
Adequate fresh air.

RESPIRATORY
None

EYE PROTECTION
Yes

PROTECTIVE GLOVES	OTHER
Yes (rubberized)	

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
None

INCOMPATIBILITY (MATERIALS TO AVOID)
Do not mix with other concrete admixtures.

HAZARDOUS DECOMPOSITION PRODUCTS
May yield nitrogen oxide fumes if heated and burned.

SPECIAL SENSITIVITY
None known

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Keep from freezing. Do not contaminate with other chemicals; otherwise the materials may agglomerate and clog equipment.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
Small spills of up to 2 gallons, soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
Dispose of in accordance with all federal, state, and local laws and regulations.

PREPARED BY	DATE
Jim Sterk	01/01/97
TELEPHONE NUMBER: 216-531-9222	SUPERSEDES MSDS DATED: 07/01/96

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.

Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, AEA-92, meets or exceeds Corps of Engineers Specification CRD C-13, ASTM C-260 and AASHTO M-154. This product contains 441ppm of chloride ions.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

The Euclid Chemical Company
19218 REDWOOD ROAD • CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

AEA-92S

CONSTRUCTION PRODUCTS FOR VOC A SAFER ENVIRONMENT

AIR ENTRAINING AGENT FOR CONCRETE

AEA-92S is formulated for use as an air entraining admixture for concrete of all types and is manufactured under rigid control which assures uniform and precise performance. It should be added to the mix independently and not with other admixtures.

PRIMARY APPLICATIONS

- Ready mix concrete
- Structural concrete
- Mass concrete
- Paving concrete
- All exterior concrete

FEATURES / BENEFITS

- Provides a stable air void system with proper bubble size and spacing. This air void system protects concrete against damage caused by repeated freeze/thaw cycles
- Concrete is made more resistant to de-icing salts, sulfate attack and corrosive water
- Less mixing water can be used per yard (meter) of concrete and placeability is improved
- Minimizes bleeding and segregation of the concrete

SPECIFICATIONS / COMPLIANCES

AEA-92S meets or exceeds the requirements of the following specifications:

- Corps of Engineers Specification CRD-C-13
- ASTM Specification C-260
- AASHTO Specification M-154

TECHNICAL INFORMATION

AEA-92S is an aqueous solution compound of organic chemicals. It is compatible with concrete mixes containing other commonly used Euclid Chemical Company admixtures.

Appearance

AEA-92S is an amber colored material which, when added to concrete does not change the concrete's natural appearance.

PACKAGING

AEA-92S is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

DIRECTIONS FOR USE

1/2 to 2 oz of AEA-92S/100 lb (30-120 ml of AEA-92S/100 kg) of cement will generally entrain 3% - 6% air in concrete. This amount will vary depending on type of cement, fineness of sand, addition of fly ash, temperature, design of the mix, etc. Concrete mixes must be tested regularly to confirm that the proper air content is achieved.

PRECAUTIONS / LIMITATIONS

- Consult your local Euclid Chemical representative for the proper dosage rate adjustments when using fly ash, slag or high range water reducers.
- Add to the mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-255-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0626

TRADE NAME: AEA-92S

CHEMICAL NAME:

1. INGREDIENTS

MATERIAL	CAS #	%	ACGIH(TLV)	PEL
No ingredients identified by OSHA as hazardous are known to be present, or the ingredients present are below levels specified as hazardous by OSHA.				

2. PHYSICAL DATA

APPEARANCE: Light Yellow Liquid	ODOR: None	MELTPOINT: None	SPECIFIC GRAVITY: 1.00-1.15
VAPOR DENSITY (AIR=1): NA	%VOLATILE BY WEIGHT: Varies	BULK DENSITY: NA	BOILING POINT: None
VAPOR PRESSURE: NA	%SOLUBILITY(H_2O): 100	EVAPORATION RATE	PH: 9.5-11.5

3. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT & METHOD: None

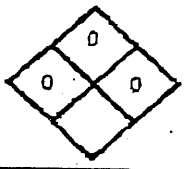
FLAMMABLE LIMITS: LEL None UEL None

EXTINGUISHING MEDIA: None

SPECIAL FIRE FIGHTING PROCEDURES: None

UNUSUAL FIRE AND EXPLOSION HAZARDS: None

NFPA FIRE HAZARDS IDENTIFICATION SYSTEM



4. PHYSIOLOGICAL EFFECTS

LD50 ORAL (INGESTION)	LD50 DERMAL (SKIN CONTACT)	LC50 (INHALATION)
NE	NE	NE

PRIMARY ROUTE OF EXPOSURE: Skin or Eye

THRESHOLD LIMIT VALUE (TLV): NE

EFFECTS OF OVEREXPOSURE

Inhalation: No information found to suggest any toxicity.

Eye: No information found to suggest any toxicity

Skin: No information found to suggest any toxicity.

Ingestion: No information found to suggest any toxicity

THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air.
Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
Skin: Wash area twice with soap and water. If pain, irritation or burning persists, seek medical attention.
Ingestion: Administer milk or water. DO NOT induce vomiting. Call a Physician or Poison Control Center immediately. DO NOT give anything orally to an unconscious person.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
Use with adequate ventilation.

RESPIRATORY
None required

EYE PROTECTION
Yes

PROTECTIVE GLOVES
Yes (rubberized)

OTHER

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
None known

INCOMPATIBILITY (MATERIALS TO AVOID)
None known

HAZARDOUS DECOMPOSITION PRODUCTS
Not determined

SPECIAL SENSITIVITY
None

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Prevent leaks or spills. Floors may become slippery and hazardous.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
Small spills of up to 2 gallons soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
Dispose of in accordance with all federal, state, and local laws and regulations.

PREPARED BY: Jim Slerk	DATE: 10/20/99
TELEPHONE NUMBER: 216-831-9222	SUPERSEDES MSDS DATED: 10/20/99

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.

Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in the use of the material.

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon Retarder 75, meets or exceeds the requirements of ASTM C-494, Type D and AASHTO 194. Retarder 75 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Service/Product Support

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

The Euclid Chemical Company
19218 REDWOOD ROAD • CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

EUCON RETARDER 75

◆ ◆ ◆ ◆ ◆

CONCRETE WATER REDUCER
SET CONTROLLING RETARDER

CONSTRUCTION PRODUCTS FOR
VOX
A SAFER ENVIRONMENT

EUCON RETARDER 75 is a synthetically produced liquid water-reducing and set retarding admixture for concrete. It is a modified organic polymer of sodium glucoheptonate. EUCON RETARDER 75 does not contain calcium chloride or other potential corroding materials, and may be used in the presence of aluminum or zinc metals.

It is compatible with air-entraining agents, waterproofers and calcium chloride, but they must be added separately to the mix.

PRIMARY APPLICATIONS

- Prestressed concrete
- Concrete requiring water reducing and set time control
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Controls rate of set
- Improves finishability
- Improves workability
- Reduces water requirements
- Reduces segregation

Hardened Concrete

- Increases strengths
- Improves finished appearance
- Reduces cracking
- Reduces permeability
- Non staining

SPECIFICATIONS / COMPLIANCES

EUCON RETARDER 75 meets or exceeds the requirements of:

- ASTM C-494, Type D.

PACKAGING

EUCON RETARDER 75 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with Reference Concrete (Plain Mix)

Test Date	Compressive Strength	Flexural Strength
3 days	123%	100.4%
7 days	112%	100.4%
28 days	111%	101.7%
1 year	113%	----

Setting Time Change-Initial ..... +2 hr 24 min
Final ..... +3 hr 3 min

Relative Durability Factor: 96.7%

Dosage Rates

Air or Concrete Temperature	Dosage per 100 lb (100 kg) Cement
40°-69°F (4°-21°C)	2 oz (125 ml) min.
70°-79°F (21°-26°C)	3 oz (190 ml)
80°-89°F (27°-32°C)	4 oz (250 ml)
90°F + (32°C)	5 oz (315 ml) max.*

*For higher dosage rates, contact The Euclid Chemical Company for recommendations.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON RETARDER 75 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed in the concrete batch. EUCON RETARDER 75 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON RETARDER 75 above freezing; however, freezing and subsequent thawing will not harm the material if thoroughly agitated.
- Add to mix independent of other admixtures.

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

IDENTITY (As Used on Label and List)
READY MIXED CONCRETE

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

Manufacturer's Name
Kirkpatrick Concrete

Address (Number, Street, City, State, and ZIP Code)
2909 3rd ave north

Bham Al 35203

Emergency Telephone Number
205-323-8327

Telephone Number for Information
205-323-8327

Date Prepared
2-17-95

Signature of Preparer (optional)

Section II — Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity; Common Name(s)) OSHA PEL NA ACGIH TLV NA Other Limits Recommended % (optional)

Mixtures of Portland or blended cements, concrete aggregates and chemical admixtutres Portland and Blended Cements

$3CaO-SiO_2$ (CAS #12168-85-3)
$2CaO-SiO_2$ (CAS # 10034-77-2)
$3CaO-Al_2O_2$ (CAS # 23042-78-3)
$4CaO-Al_2O_3-Fe_2O_2$ (CAS# 12068-35-8)
$CaSo_4-2H_2O$ (CAS # 7778-18-9)
plus traces of CaO, MgO, K_2SO_4, and Na_2SO_4

other ingredients, Concrete Aggregates, Inert gravel, sand and rocks Admixtures, May include fly ash, granulaed slag and very small amounts of organic and inorganic materials which have no effect on the hazards associated with the use of the product.

Section III — Physical/Chemical Characteristics

Boiling Point	NA	Specific Gravity (H_2O = 1)	NA
Vapor Pressure (mm Hg.)	NA	Melting Point	NA
Vapor Density (AIR = 1)	NA	Evaporation Rate (Butyl Acetate = 1)	NA

Solubility in Water
slight (0.01 to 1%)

Appearance and Odor
Grav, plastic, flowable, granular and odorless

Section IV — Fire and Explosion Hazard Data

Flash Point (Method Used)	NA	Flammable Limits	NA	LEL NA / UEL NA

Extinguishing Media
NA

Special Fire Fighting Procedures
NA

Unusual Fire and Explosion Hazards
NONE

(Reproduce locally)

OSHA 174, Sept. 1985

	Stable	X	However product stiffens and hardens in 2 to 8 hours

Incompatibility (*Materials to Avoid*) None

Hazardous Decomposition or Byproducts None

Hazardous Polymerization	May Occur		Conditions Caused
	Will Not Occur		

Section VI — Health Hazard Data

Route(s) of Entry: Inhalation? No Skin? Ingestion? No

Health Hazards (*Acute and Chronic*)

Acute- wet plastic, unhardened concrete, can dry the skin and cause alkalai burns (cement dermatitis) Chronic- Hypersensitive individuals may develop an allergic dermatitis. Cement may contain trace amounts of chromium

Carcinogenicity: NTP? NO IARC Monographs? NO OSHA Regulated? NO

Signs and Symptoms of Exposure Irritation of skin and burning sensation particularly when exposure is in an area of skin previously subjected to abrasion or irritation.

Medical Conditions Generally Aggravated by Exposure None known

Emergency and First Aid Procedures Irrigate eyes with water, wash exposed areas of the body with soap and water.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material Is Released or Spilled Spill does not increase hazard

Waste Disposal Method Material can be retained until it hardens when it can be disposed of as common waster.

Precautions to Be Taken in Handling and Storing Use barrier creams, gloves, boots and clothing protect the skin from prolonged contact with plastic concrete. Eye protection not required

Other Precautions Precautions must be observed because cement burns occur with [illegible] warning

Section VIII — Control Measures

Respiratory Protection (*Specify Type*) not required

Ventilation	Local Exhaust	Special
	Mechanical (General)	Other

Protective Gloves See VII Eye Protection See VII

Other Protective Clothing or Equipment See VII

Work/Hygienic Practices See VII

*U.S. Government Printing Office: 1987—181-[illegible]/[illegible]

PRODUCT DATA

W. R. MEADOWS, SEALTIGHT

CSI Code: 03050

No. 373

NOVEMBER 2003
(Supersedes October 2002)

1600-WHITE SERIES

Water-Base, Wax-Base Concrete Curing Compounds

DESCRIPTION

The 1600-WHITE SERIES, Water-Base, White-Pigmented Concrete Curing Compounds are wax-base dispersions, with selected white pigments. When properly applied, they provide an impermeable film, which optimizes water retention. The white pigment reflects the sun's rays to help keep the concrete surface cooler and prevent excessive heat build-up.

The 1600-WHITE SERIES meets maximum VOC content limits of 350 g/L for Concrete Curing Compounds as required by the U.S. EPA Architectural Coatings Rule. The 1600-WHITE SERIES Concrete Curing Compounds have a substantially lower Volatile Organic Compound (VOC) content than the 350 grams per liter allowed by the above noted rule.

USES

The 1600-WHITE SERIES is ideal for application on exterior, horizontal surfaces such as highways, airports, street and curb paving — for excellent curing when protection from the sun's heat is desired.

PHYSICAL PROPERTIES

DRYING TIME: Depends on weather conditions and coverage, but will generally dry in 1 hour. Restrict foot traffic for at least 4 hours.
FLASH POINT: Greater than 212°F (100°C).

COVERAGE

Approximately 200 sq. ft./gal. (4.91 sq. m/L).

PACKAGING

5 gallon (18.93 liter) Pails
55 gallon (208.20 liter) Drums

SPECIFICATIONS

- ASTM C 309, Type 2, Class A
- AASHTO M 148, Type 2, Class A
- FAA Spec. Item P-610-2.11 (e)

FEATURES AND BENEFITS

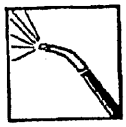
- When properly applied, it provides an impermeable film, which optimizes water retention
- Protects by reflecting the sun's rays to keep the concrete surface cooler and prevent excessive heat build-up, which can cause thermal cracking
- Furnished as a ready-to-use, true water-base compound
- Produces hard, dense concrete... minimizes hair-checking, thermal cracking, dusting and other defects
- Enhances the functional capabilities of concrete by "sealing-in" the performance assets of strength and long-life
- Offers a compressive strength significantly greater than improperly cured concrete
- Increases tensile strength for greater resistance to cracking and surface crazing
- Improves resistance to abrasion and corrosive action of salts and chemicals...minimizes shrinkage
- Applies quickly and easily with conventional, commercial spray equipment
- VOC compliant...actual VOC content is less than 100 g/L

CONTINUED ON REVERSE SIDE...

W.R. MEADOWS, INC.
P.O. Box 338 • HAMPSHIRE, IL 60140-0338
Phone: 847/214-2100 • Fax: 847/683-4544
1-800-342-5976
www.wrmeadows.com

Application Tools

Manual Sprayer


Power Sprayer

Paving Train

APPLICATION

Preparation..Application equipment must be clean and free of any previously used materials.

Mixing..Any settling or separation in the container must be re-dispersed with gentle agitation prior to use. CAUTION: DO NOT MIX EXCESSIVELY.

Application Method..Spray on in one even coat with a hand or power sprayer as soon as the surface water disappears from horizontal concrete surfaces. On vertical surfaces, spray promptly after forms are removed. Use a Chapin 8005 (or equivalent) spray tip that produces a flow of 1/2 gallon (1.89 liters) per minute under 40 psi (.276 MPa) of pressure.

Clean up..Prior to drying, equipment may be easily cleaned with soap and water. Once dried, use mineral spirits or other suitable petroleum distillate.

GreenLine
Environmentally Responsible Products For Concrete Performance

PRECAUTIONS

KEEP FROM FREEZING. Do not apply when the temperature of the concrete is less than 40°F (4°C). DO NOT MIX WITH COMPOUNDS CONTAINING SOLVENT-SEPARATION WILL OCCUR. DO NOT ADD OR DILUTE WITH ANY OTHER COMPOUND. Do not use on surfaces that are later to be painted, tiled, hardened, sealed or treated in any manner. Do not use on patios, sidewalks or other areas where there is typically no wheel traffic to abrade the white film surface. Not recommended for use on residential driveways.

HEALTH HAZARDS

Direct contact may result in mild irritation. Refer to the Material Safety Data Sheet for complete health and safety information.

FOR THE MOST CURRENT PRODUCT INFORMATION, VISIT OUR WEBSITE:

www.wrmeadows.com

LIMITED WARRANTY

"W.R. MEADOWS, INC. warrants at the time and place we make shipment, our material will be of good quality and will conform with our published specifications in force on the date of acceptance of the order. Read complete warranty." Copy furnished upon request.

Disclaimer

The information contained herein is included for illustrative purposes only, and to the best of our knowledge, is accurate and reliable. W.R. MEADOWS, INC. cannot however under any circumstances make any guarantee of results or assume any obligation or liability in connection with the use of this information. As W.R. MEADOWS, INC. has no control over the use to which others may put its product, it is recommended that the products be tested to determine if suitable for specific application and/or our information is valid in a particular circumstance. Responsibility remains with the architect or engineer, contractor and owner for the design, application and proper installation of each product. Specifier and user shall determine the suitability of products for specific application and assume all responsibilities in connection therewith.

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Chemical/Environmental Resistance

XR-5® Fluid Resistance Guidelines

The data below is the result of laboratory tests and is intended to serve only as a guide. No performance warranty is intended or implied. The degree of chemical attack on any material is governed by the conditions under which it is exposed. Exposure time, temperature, and size of the area of exposure usually varies considerably in application, therefore, this table is given and accepted at the user's risk. Confirmation of the validity and suitability in specific cases should be obtained.

When considering XR-5 for specific applications, it is suggested that a sample be tested in actual service before specification. Where impractical, tests should be devised which simulate actual service conditions as closely as possible.

EXPOSURE	RATING	EXPOSURE	RATING
AFFF	A	JP-4 Jet Fuel	A
Acetic Acid (5%)	B	JP-5 Jet Fuel	A
Acetic Acid (50%)	C	JP-8 Jet Fuel	A
Ammonium Phosphate	T	Kerosene	A
Ammonium Sulfate	T	Magnesium Chloride	T
Antifreeze (ethylene glycol)	A	Magnesium Hydroxide	T
Animal Oil	A	Methanol	A
Aqua Regia	X	Methyl Alcohol	A
ASTM Fuel A (100% Iso-octane)	A	Methyl Ethyl Ketone	X
ASTM Oil #2 (Flash pt. 240° C)	A	Mineral Spirits	A
ASTM Oil #3	A	Naphtha	A
Benzene	X	Nitric Acid (5%)	B
Calcium Chloride Solutions	T	Nitric Acid (50%)	C
Calcium Hydroxide	T	Perchloroethylene	C
20% Chlorine Solution	A	Phenol	X
Clorox	A	Phenol Formaldehyde	B
Conc. Ammonium Hydroxide	A	Phosophoric Acid (50%)	A
Corn Oil	A	Phosophoric Acid (100%)	C
Crude Oil	A	Phthalate Plasticizer	C
Diesel Fuel	A	Potassium Chloride	T
Ethanol	A	Potassium Sulphate	T
Ethyl Acetate	C	Raw Linseed Oil	A
Ethyl Alcohol	A	SAE-30 Oil	A
Fertilizer Solution	A	Salt Water (25%)	B
#2 Fuel Oil	A	Sea Water	A
#6 Fuel Oil	A	Sodium Acetate Solutions	T
Furfural	X	Sodium Bisulfite Solution	T
Gasoline	B	Sodium Hydroxide (60%)	A
Glycerin	A	Sodium Phosphate	T
Hydraulic Fluid- Petroleum Based	A	Sulphuric Acid (50%)	A
Hydraulic Fluid- Phosphate Ester Based	C	50% Tanic Acid	A
Hydrocarbon Type II (40% Aromatic)	C	Toluene	C
Hydrochloric Acid (50%)	A	Transformer Oil	A
Hydrofluoric Acid (5%)	A	Turpentine	A
Hydrofluoric Acid (50%)	A	Urea Formaldehyde	A
Hydrofluosilicic Acid (30%)	A	UAN	A
Isoprophyl Alcohol	T	Vegetable Oil	A
Ivory Soap	A	Water (200°F)	A
Jet A	A	Xylene	X
		Zinc Chloride	T

Ratings are based on visual and physical examination of samples after removal from the test chemical after the samples of Black XR-5 were immersed for 28 days at room temperature. Results represent ability of material to retain its performance properties when in contact with the indicated chemical.

Rating Key:

A - Fluid has little or no effect
B - Fluid has minor to moderate effect
C - Fluid has severe effect
T - No data- likely to be acceptable
X - No data- not likely to be acceptable

RUBBER EXPANSION JOINT MATERIAL
Meets or exceeds the performance requirements of ASTM D1751-97 & D1752-84
Manufactured by
THE J D RUSSELL COMPANY

CONCRETE JOINT FILLER

REFLEX® is made of 100% recycled materials – largely discarded tires!

Did you know America discards over 250,000,000 tires every year? An estimated 3 billion tires clutter our dumps and yards! Why not specify a better performer, REFLEX®, and make the choice to help our environment?

Use REFLEX® on your next single family residence project and consume the equivalent of 8.3 passenger tires. As many as 300 tires can be recycled in just one mile of highway including associated drives, approaches, sidewalks and ramps.

GENERAL DESCRIPTION

REFLEX® Rubber Expansion Joint Material for Concrete is a processed board product formed by blending granular crumb rubber derived from discarded tires and various low density polymer components. Pre-molded under heat and pressure, REFLEX® is far more durable than current alternatives.

APPLICATIONS

REFLEX ® Rubber Expansion Joint Material is suitable for use as expansion or control joint in a wide variety of concrete construction projects such as roadways, sidewalks, driveways, flooring, parking lots, patios and curbs.

SIZE AND THICKNESSES

Standard Sheet Sizes – 36" wide by 5', 10' and 12' long in thicknesses of 1/4", 3/8", 1/2" 3/4" and 1". Cut to size strips from 2" to 36" in 1/2" increments.

TYPICAL PROPERTIES	REFLEX RUBBER
Compression (to 50% of original)	passes
Recovery (within 10 minutes)	99-100%
Extrusion	<0.10 inch
Density	40 lbs/ft^3
Water absorption	<2%
Ultraviolet light exposure	passes
Cold temperature exposure	passed@-80degreesF

Submersion in salt solution, gasoline, diesel and motor oil resulted in no change in volume while mass increased indicating absorption of the fluids. No cracking or mechanical degradation occurred.

Durability: Exhibits favorable long term aging characteristics under laboratory testing conditions and will not degradate.

Non-Staining: Will not bleed or migrate to adjacent finished concrete surfaces like petroleum based products can do.

SPECIFICATION STANDARDS: REFLEX® Rubber Expansion Joint meets or exceeds the performance requirements of:

American Association of State Highway and Transportation Officials Specification M-213-95 and M-153-98.

Federal Specification HH-F-341f, Type 1.

American Society for Testing Materials Standard Specifications for Preformed Expansion Joint Fillers for Concrete Paving and Structural Construction D1751-97 and D1752-84 (1996).

Reflex

www.reflexrubber.com www.jdrussellco.com

DOT APPROVALS

SALES

TECH SPECS SPEC INSERTS MSDS

[Warranty] [Delivery Terms and Conditions] [Homepage]

CONSTRUCTION PRODUCTS: [Conflex] [Homex 300] [Reflex] [Asphalt D-994] [Neoprene & Foam] [Cork] [Anchor Bolts] [Bar Ties & Tie Wire] [Masonry Wall Ties] [Metal Screed Joint] [Nail Stakes & Form Pins] [Plastic Keyway] [PVC Speedy Joint] [PVC Void Cap] [Polyethylene Sheeting] [Reinforcing Bar] [Rubber Utility Tiles] [Silt Fence] [Wire Mesh]

LANDSCAPE PRODUCTS: [Duraedge] [Duralum] [Duraroll] [Polyethylene Sheeting]

Wire mesh

Certificate of Inspection and compliance
C.E. Shepherd Company, L.P.
Houston, TX. U.S.A.

Work Order#: 218167

Customer: TAYLOR CORPORATION

Customer Purchase Order #: TOMMY **Date:** 8/3/04

We certify that the material or parts supplied by us on the above referenced purchase order conforms fully to the specifications stipulated in the order. Compliance for quality assurance has been determined by testing and inspection in accordance with the required specifications, and results conform to applicable acceptance criteria.

X: Randy White **Date:** 8/3/04

C.E. SHEPHERD Co., L.P. Representation

SHERMAN WIRE OF CALDWELL, INC.
P O BOX 879 CALDWELL, TX 77836, 979-567-7916

CERTIFIED TEST REPORT

CUSTOMER:	C E Shepherd	DATE:	
P.O. NUMBER:	701325	B L NO:	
DESCRIPTION:	12 c/3	ANNEAL BATCH NO:	
ROD GRADE:	c-1008	ROD TENSILE:	
SPECIFICATIONS:	a-641	BRITE WIRE TENSILE:	

	TAG NUMBER	WEIGHT LBS	SIZE IN.	BRK STR LBS	TENSILE PSI	ELONG %	CTG WGT OZ/FT2	HEAT NUMBER
	MINIMUM							
	NOMINAL							
	MAXIMUM							
1	889102	970	0.104		79,311		1	22180
2	889148	950	0.104		75,665		0.98	22180
3	889147	1,054	0.104		75,113		0.95	22180
4	889146	921	0.104		75,322		0.94	22180
5	889099	1,250	0.105		83,968		0.92	22180
6	889127	831	0.105		75,914		0.81	22499
7	889128	1,079	0.104		75,638		0.82	22499
8	889105	1,038	0.104		75,811		0.94	22499
9	889106	1,110	0.104		75,399		0.9	22499
10	889107	1,056	0.105		75,759		0.87	22499
11	889108	1,031	0.105		75,874		1	22499
12	889026	918	0.106		75,809		0.81	22618
13	889023	912	0.105		89,561		0.81	22618
14	889025	1,041	0.105		75,111		1	22618
15	889053	1,047	0.104		75,555		1	22180
16	889056	925	0.104		75,431		0.98	22180
17	889052	857	0.104		75,661		0.98	22180
18	889058	913	0.104		89,592		1	22618
19	889075	734	0.105		76,345		1.1	22618
20	889073	852	0.105		75,145		0.96	22618
21	889074	851	0.105		75,795		0.81	22618
22	889086	1,058	0.106		78,989		0.91	22618
23	889087	917	0.105		75,227		1	22618
24	889104	670	0.104		75,665		0.96	22180
25	889101	990	0.104		75,665		0.98	22180
26	889100	997	0.104		75,421		0.95	22180
27	889130	1,049	0.105		75,604		0.8	22499
28	889129	1,102	0.106		75,936		0.94	22499
29	889061	906	0.106		89,661		1.1	22618
30	889060	830	0.106		85,902		1	22618
31	889057	774	0.105		75,455		0.84	22618
32	888988	986	0.105		89,284		1.1	22618
33	889054	874	0.104		75,423		0.98	22180
34	889055	1,041	0.104		75,231		0.96	22180
35	888942	868	0.104		75,518		0.98	22618
36	888938	875	0.104		75,333		0.96	22180
37	888989	816	0.104		78,172		1	22618
38	889016	883	0.106		90,761		0.96	22618
39	889003	986	0.104		76,053		0.91	22618
40	888981	889	0.104		75,445		0.95	22180
	TOTAL WT	37,851						

We hereby certify that the above test results are representative of those contained in the records of the company and were obtained using methods consistent with the requirements of applicable specifications. The above products are manufactured in the U.S.A. from rod melted and manufactured in the U.S.A.

Certified by: Dana Mondey

Monsanto - 11th Street Ditch Response Action Project
Concrete Testing

Date:	Ticket #:	Specimen #:	Days:	%:	Strength:
08/23/04	1705/795341	C06451-0001A	7	102	4,068.00
08/23/04	1705/795341	C06451-0001B	28	128	5,129.00
08/23/04	1705/795341	C06451-0001C	28	129	5,164.00
08/23/04	1705/795345	C06452-0002A	7	97	3,891.00
08/23/04	1705/795345	C06452-0002B	28	124	4,952.00
08/23/04	1705/795345	C06452-0002C	28	123	4,917.00
08/24/04	1599/795359/100535	C06453-0003A	7	111	4,457.00
08/24/04	1599/795359/100535	C06453-0003B	28	124	4,952.00
08/24/04	1599/795359/100535	C06453-0003C	28	125	4,988.00
09/03/04	599/795437	C06474-0004A	7	113	4,528.00
09/03/04	599/795437	C06474-0004B	28	142	5,660.00
09/09/04	1705/795449	C06481-0005A	7	103	4,103.00
09/09/04	1705/795449	C06481-0005B	28	112	4,492.00
09/10/04	N/A	C06489-0006A	7	80	3,184.00
09/10/04	N/A	C06489-0006B	28	119	4,775.00
09/13/04	1597/795472	C06501-0007A	7	97	3,891.00
09/13/04	1597/795472	C06501-0007B	28	119	4,775.00
09/20/04	1597/827245	C06509-0008A	7	99	3,962.00
09/20/04	1597/827245	C06509-0008B	28	124	4,952.00
09/28/04	1597/827315	C06524-0009A	7	84	3,360.00
09/28/04	1597/827315	C06524-0009B	28	106	4,245.00
10/04/04	1597/827352	C06542-0010A	7	71	2,830.00
10/04/04	1597/827352	C06542-0010B	28	107	4,280.00
10/12/04	1597/827402	C06575-0011A	7	74	2,971.00
10/12/04	1597/827402	C06575-0011B	28	104	4,174.00
10/18/04	1597/827461	C06613-0012A	7	102	4,068.00
10/18/04	1597/827461	C06613-0012B	28	111	4,422.00
10/21/04	1705/827476	C06615-0013A	7	71	2,830.00
10/21/04	1705/827476	C06615-0013B	28	88	3,537.00
10/21/04	1705/827476	C06615-0013C	56	107	4,280.00
10/22/04	1705/827488	C06617-0014A	7	75	3,007.00
10/22/04	1705/827488	C06617-0014B	28	103	4,103.00
10/25/04	1364/827508	C06625-0015A	7	66	2,653.00
10/25/04	1364/827508	C06625-0015B	28	85	3,396.00
10/25/04	1364/827508	C06625-0015C	56	87	3,467.00
10/26/04	1705/827520	C06626-0016A	7	73	2,936.00
10/26/04	1705/827520	C06626-0016B	28	80	3,184.00
10/26/04	1705/827520	C06626-0016C	56	82	3,290.00
10/27/04	1364/827535	C06633-0017A	7	53	2,122.00
10/27/04	1364/827535	C06633-0017B	14	71	2,830.00

Monsanto - 11th Street Ditch Response Action Project
Concrete Testing

10/27/04	1364/827535	C06633-017C	28	91	3,643.00
10/29/04	1599/827579	C06645-0018A	7	57	2,299.00
10/29/04	1599/827579	C06645-0018B	14	69	2,759.00
10/29/04	1599/827579	C06645-0018C	28	75	3,007.00
11/08/04	1703/795553	C06659-0019A	7	104	4,174.00
11/08/04	1703/795553	C06659-0019B	28	125	4,988.00
11/10/04	1703/827606	C06664-0020A	7	102	4,068.00
11/10/04	1703/827606	C06664-0020B	28	126	5,023.00
11/15/04	827645/1364	C06675-0021A	7	66	2,653.00
11/15/04	827645/1364	C06675-0021B	28	127	5,094.00
11/16/04	1165/827652	C06683-0022A	7	66	2,653.00
11/16/04	1165/827652	C06683-0022B	28	109	4,351.00
11/17/04	1599/827665	C06693-0023A	7	88	3,537.00
11/17/04	1599/827665	C06693-0023B	28	113	4,528.00
11/18/04	1703/827680	C06694-0024A	7	117	4,669.00
11/18/04	1703/827680	C06694-0024B	28	134	5,377.00
11/19/04	1597/827694	C06702-0025A	7	108	4,316.00
11/19/04	1597/827694	C06702-0025B	28	131	5,235.00

Panel #:	Station #:	Average PSI of 3 Cores:	
#1	19+95 20+05 20+30	4,285.00	✓
#2	18+50 18+30 18+10	3,351.00	✓
#3	10+80 10+40 9+90	6,266.00	✓

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

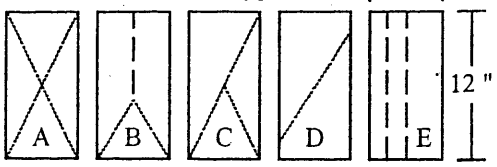
Placement Location: CANAL C-2
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795341
Batch time: 7:54 AM
Time In Mixer: 48 MINUTES
Mix No. : 994013
Concrete Temp: 91 DEGREES
Weather: CLOUDY 80 DEGREES

Sample Date: 08/23/2004
Set No. : 1 of 4 specimen(s)
Slump: .5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 24 GALLONS
Batch Size: 8 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06451-0001A	7	08/30/2004	115,000	28.27	4,068	102	A
C06451-0001B	28	09/20/2004	145,000	28.27	5,129	128	A
C06451-0001C	28	09/20/2004	146,000	28.27	5,164	129	A
C06451-0001D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

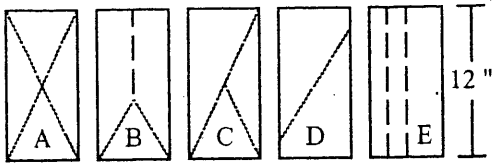
Placement Location: CANAL C-2
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795345
Batch time: 10:00 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013
Concrete Temp: 91 DEGREES
Weather: CLOUDY 84 DEGREES

Sample Date: 08/23/2004
Set No. : 2 of 4 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 15 GALLONS
Batch Size: 24 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06452-0002A	7	08/30/2004	110,000	28.27	3,891	97	A
C06452-0002B	28	09/20/2004	140,000	28.27	4,952	124	A
C06452-0002C	28	09/20/2004	139,000	28.27	4,917	123	A
C06452-0002D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

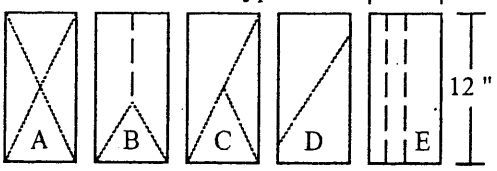
Placement Location: C-SECTION 4 + 25
Sampled By: GALLET-TCHEATWOOD
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/795359/100535
Batch time: 9:25 AM
Time In Mixer: N/A
Mix No. : 994013
Concrete Temp: 94 DEGREES
Weather: CLOUDY 84 DEGREES

Sample Date: 08/24/2004
Set No. : 1 of 4 specimen(s)
Slump: 1.0"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 8 OF 40 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/25/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06453-0003A	7	08/31/2004	126,000	28.27	4,457	111	A
C06453-0003B	28	09/21/2004	140,000	28.27	4,952	124	A
C06453-0003C	28	09/21/2004	141,000	28.27	4,988	125	A
C06453-0003D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

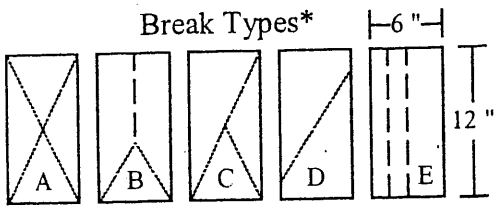
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: D2 DITCH - ST 0 + 90
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 599/795437
Batch time: 10:00 AM
Time In Mixer: 80 MINUTES
Mix No. : 994013
Concrete Temp: 89 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/03/2004
Set No. : 1 of 3 specimen(s)
Slump: 1.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 24 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/04/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06474-0004A	7	09/10/2004	128,000	28.27	4,528	113	A
C06474-0004B	28	10/01/2004	160,000	28.27	5,660	142	A
C06474-0004C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

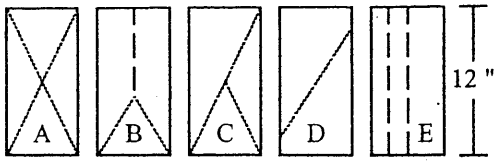
Placement Location: DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795449
Batch time: 11:13 AM
Time In Mixer: 50 MINUTES
Mix No. : 994013
Concrete Temp: 90 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/09/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 64 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/10/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06481-0005A	7	09/16/2004	116,000	28.27	4,103	103	A
C06481-0005B	28	10/07/2004	127,000	28.27	4,492	112	A
C06481-0005C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

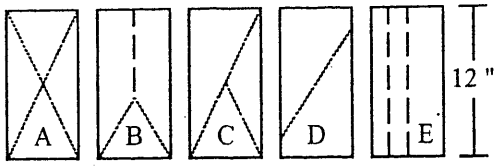
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location:
Sampled By: CONTRACTOR
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: N/A
Batch time:
Time In Mixer: N/A
Mix No. : N/A
Concrete Temp: N/A
Weather: N/A

Sample Date: 09/10/2004
Set No. : 1 of 3 specimen(s)
Slump: 4"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: N/A
Batch Size: N/A

Remarks: Picked up by Gallet & Associates, Inc. on 9/11/04. INFORMATION PROVIDED BY CONTACTOR.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06489-0006A	7	09/17/2004	90,000	28.27	3,184	80	A
C06489-0006B	28	10/08/2004	135,000	28.27	4,775	119	A
C06489-0006C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

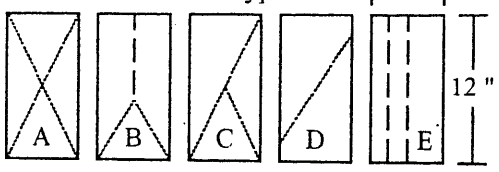
Placement Location: B-DITCH; STA 5 + 00
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/795472
Batch time: 7:55 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013
Concrete Temp: 87 DEGREES
Weather: CLOUDY 74 DEGREES

Sample Date: 09/13/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 24 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/14/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06501-0007A	7	09/20/2004	110,000	28.27	3,891	97	A
C06501-0007B	28	10/11/2004	135,000	28.27	4,775	119	A
C06501-0007C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

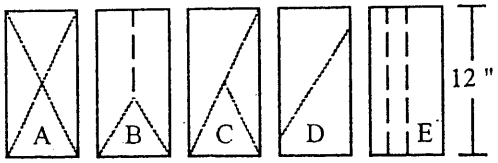
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: B-DITCH; 20+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827245
Batch time: 9:06 AM
Time In Mixer: 1 HOUR 20 MINUTES
Mix No. : 994013
Concrete Temp: 81 DEGREES
Weather: CLEAR 70 DEGREES

Sample Date: 09/20/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 18 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/21/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06509-0008A	7	09/27/2004	112,000	28.27	3,962	99	A
C06509-0008B	28	10/18/2004	140,000	28.27	4,952	124	A
C06509-0008C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

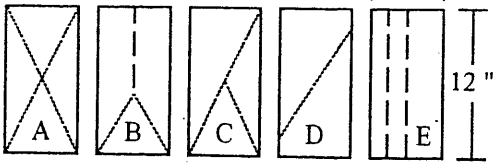
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL STA. 17+40 & 16+80
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827315
Batch time: 10:28 AM
Time In Mixer: 1 HOUR 30 MINUTES
Mix No. : 994013
Concrete Temp: 89 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/28/2004
Set No. : 1 of 3 specimen(s)
Slump: 1.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 10 GALLONS
Batch Size: 45 OF 57 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/29/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06524-0009A	7	10/05/2004	95,000	28.27	3,360	84	A
C06524-0009B	28	10/26/2004	120,000	28.27	4,245	106	A
C06524-0009C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

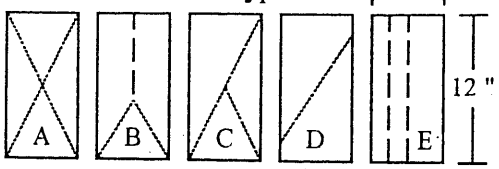
Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: N/A
Truck/Ticket: 1597/827352
Batch time:
Time In Mixer: N/A
Mix No. : 994013
Concrete Temp: 82 DEGREES
Weather: CLEAR 80 DEGREES
Sample Date: 10/04/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 18 OF 65 YDS
Remarks: Picked up by Gallet & Associates, Inc. on 10/5/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06542-0010A	7	10/11/2004	80,000	28.27	2,830	71	A
C06542-0010B	28	11/01/2004	121,000	28.27	4,280	107	A
C06542-0010C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

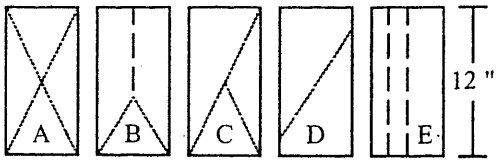
Placement Location: CANAL DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827402
Batch time: 11:27 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 88 DEGREES
Weather: PARTLY CLOUDY 82 DEGREES

Sample Date: 10/12/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/13/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06575-0011A	7	10/19/2004	84,000	28.27	2,971	74	A
C06575-0011B	28	11/09/2004	118,000	28.27	4,174	104	A
C06575-0011C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

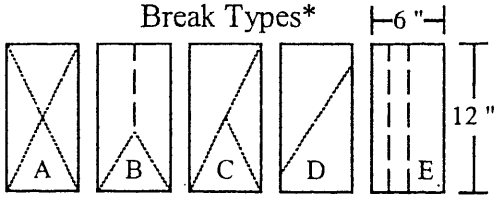
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827461
Batch time: 12:44 PM
Time In Mixer: 2 HOURS
Mix No. : 994013-A1904
Concrete Temp: 82 DEGREES
Weather: CLOUDY 70 DEGREES

Sample Date: 10/18/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 54 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06613-0012A	7	10/25/2004	115,000	28.27	4,068	102	A
C06613-0012B	28	11/15/2004	125,000	28.27	4,422	111	A
C06613-0012C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

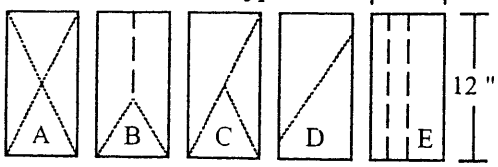
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827476
Batch time: 9:25 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/21/2004
Set No. : 1 of 3 specimen(s)
Slump: 3.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06615-0013A	7	10/28/2004	80,000	28.27	2,830	71	A
C06615-0013B	28	11/18/2004	100,000	28.27	3,537	88	A
C06615-0013C	56	12/16/2004					

Break Types*



Reported By: Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

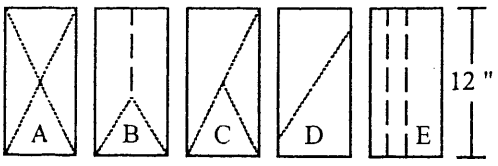
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827488
Batch time: 9:45 AM
Time In Mixer: 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/22/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.0"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/23/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06617-0014A	7	10/29/2004	85,000	28.27	3,007	75	A
C06617-0014B	28	11/19/2004	116,000	28.27	4,103	103	A
C06617-0014C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

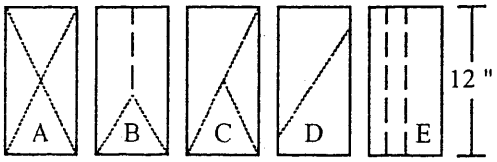
Placement Location: CANAL - DITCH - F
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827508
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 80 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/25/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06625-0015A	7	11/01/2004	75,000	28.27	2,653	66	A
C06625-0015B	28	11/22/2004	96,000	28.27	3,396	85	B
C06625-0015C	56	12/20/2004					

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

(85) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

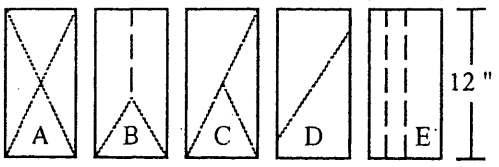
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827520
Batch time: 10:15 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 84 DEGREES
Weather: CLEAR 79 DEGREES

Sample Date: 10/26/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 5 GALLONS
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06626-0016A	7	11/02/2004	83,000	28.27	2,936	73	A
C06626-0016B	28	11/23/2004	90,000	28.27	3,184	80	A
C06626-0016C	56	12/21/2004					

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

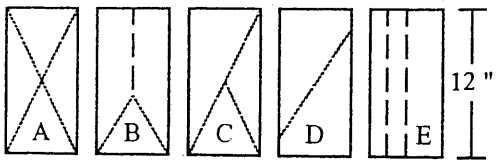
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827535
Batch time: 8:31 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/27/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 8 GALLONS
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06633-0017A	7	11/03/2004	60,000	28.27	2,122	53	A
C06633-0017B	14	11/10/2004	80,000	28.27	2,830	71	A
C06633-0017C	28	11/24/2004	103,000	28.27	3,643	91	B

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

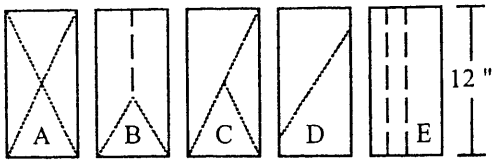
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827579
Batch time: 1:53 PM
Time In Mixer: 70 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 10/29/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/30/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06645-0018A	7	11/05/2004	65,000	28.27	2,299	(57)	A
C06645-0018B	14	11/12/2004	78,000	28.27	2,759	69	B
C06645-0018C	28	11/26/2004	85,000	28.27	3,007	(75)	B

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

(57) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

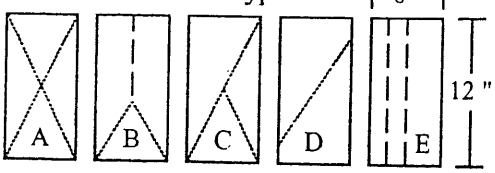
Placement Location: CANAL G DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/795553
Batch time: 11:23 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 75 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 11/08/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 54 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/09/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06659-0019A	7	11/15/2004	118,000	28.27	4,174	104	A
C06659-0019B	28	12/06/2004	141,000	28.27	4,988	125	A
C06659-0019C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

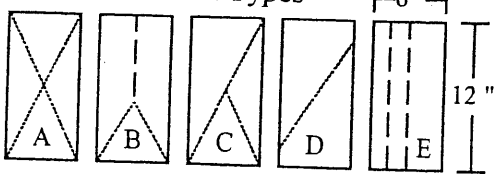
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: STA. 9+15 - 8+55 G5
Sampled By: GALLET-TCHEATWOOD
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827606
Batch time: 10:05 AM
Time In Mixer: 90 MINUTES
Mix No. : 994014
Concrete Temp: 70 DEGREES
Weather: CLEAR 68 DEGREES

Sample Date: 11/10/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 15 GALLONS
Batch Size: 36 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/11/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06664-0020A	7	11/17/2004	115,000	28.27	4,068	102	A
C06664-0020B	28	12/08/2004	142,000	28.27	5,023	126	A
C06664-0020C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: _____
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

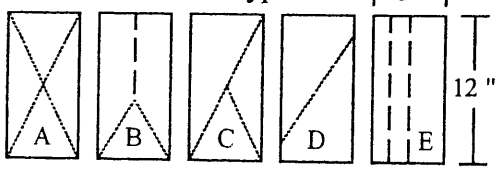
Placement Location: CANAL DITCH G ST 5+30 - 4+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 827645/1364
Batch time: 1:24 PM
Time In Mixer: 90 MINUTES
Mix No. : 994014-A1904
Concrete Temp: 72 DEGREES
Weather: CLEAR 70 DEGREES

Sample Date: 11/15/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 54 OF 77 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/16/04

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06675-0021A	7	11/22/2004	75,000	28.27	2,653	66	A
C06675-0021B	28	12/13/2004	144,000	28.27	5,094	127	A
C06675-0021C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

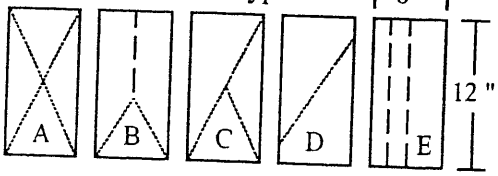
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G 4+10 - 4+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1165/827652
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994014A1904
Concrete Temp: 66 DEGREES
Weather: CLEAR 64 DEGREES

Sample Date: 11/16/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 77 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/17/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06683-0022A	7	11/23/2004	75,000	28.27	2,653	66	A
C06683-0022B	28	12/14/2004	123,000	28.27	4,351	109	C
C06683-0022C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

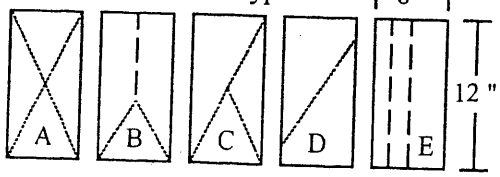
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: DITCH G 4+15 - 3+13
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827665
Batch time: 10:50 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: CLEAR 70 DEGREES
Remarks: Picked up by Gallet & Associates, Inc. on 11/18/04.

Sample Date: 11/17/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 63 OF 125 YDS

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06693-0023A	7	11/24/2004	100,000	28.27	3,537	88	A
C06693-0023B	28	12/15/2004	128,000	28.27	4,528	113	B
C06693-0023C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

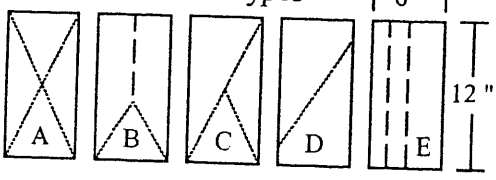
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G DITCH 0+75 - 1+35
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827680
Batch time: 11:08 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: PARTLY CLOUDY 70 DEGREES
Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 72 OF 99 YDS

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06694-0024A	7	11/25/2004	132,000	28.27	4,669	117	A
C06694-0024B	28	12/16/2004					
C06694-0024C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

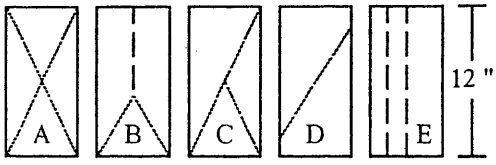
Placement Location: G DITCH 1+35 - 1+95
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORP
Supplier: LAFARGE
Truck/Ticket: 1597/827694
Batch time: 9:22 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 68 DEGREES
Weather: CLOUDY LIGHT RAIN 64 DEGR

Sample Date: 11/19/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 45 OF 86 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06702-0025A	7	11/26/2004	122,000	28.27	4,316	108	A
C06702-0025B	28	12/17/2004					
C06702-0025C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: _____
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

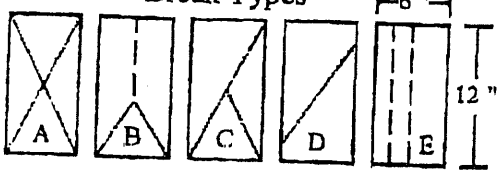
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827476
Batch time: 9:25 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/21/2004
Set No. : 1 of 3 specimen(s)
Slump: 3.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06615-0013A	7	10/28/2004	80,000	28.27	2,830	71	A
C06615-0013B	28	11/18/2004	100,000	28.27	3,537	88	A
C06615-0013C	56	12/16/2004	121,000	28.27	4,280	107	A

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

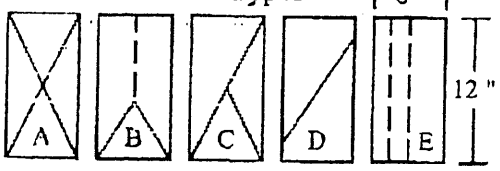
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - F
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827508
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 80 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/25/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06625-0015A	7	11/01/2004	75,000	28.27	2,653	66	A
C06625-0015B	28	11/22/2004	96,000	28.27	3,396	85	B
C06625-0015C	56	12/20/2004	98,000	28.27	3,467	87	B

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

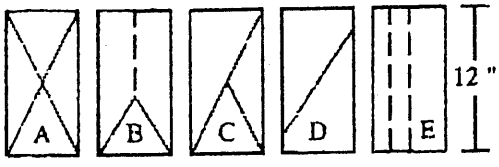
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827520
Batch time: 10:15 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 84 DEGREES
Weather: CLEAR 79 DEGREES

Sample Date: 10/26/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 5 GALLONS
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06626-0016A	7	11/02/2004	83,000	28.27	2,936	73	A
C06626-0016B	28	11/23/2004	90,000	28.27	3,184	80	A
C06626-0016C	56	12/21/2004	93,000	28.27	3,290	82	A

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

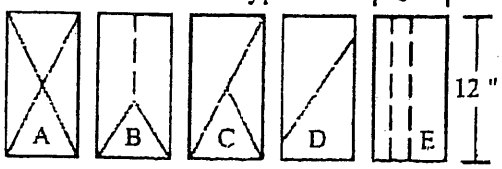
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827535
Batch time: 8:31 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/27/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 8 GALLONS
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06633-0017A	7	11/03/2004	60,000	28.27	2,122	53	A
C06633-0017B	14	11/10/2004	80,000	28.27	2,830	71	A
C06633-0017C	28	11/24/2004	103,000	28.27	3,643	91	B

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

( ) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

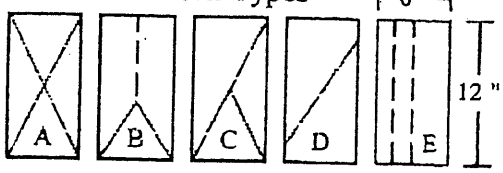
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827579
Batch time: 1:53 PM
Time In Mixer: 70 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 10/29/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc on 10/30/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06645-0018A	7	11/05/2004	65,000	28.27	2,299	57	A
C06645-0018B	14	11/12/2004	78,000	28.27	2,759	69	B
C06645-0018C	28	11/26/2004	85,000	28.27	3,007	75	B

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

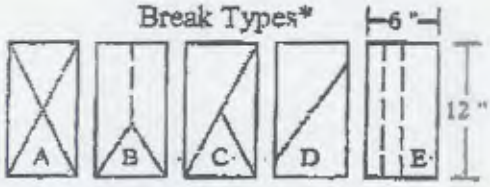
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G'DITCH 0+75 - 1+35
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827680
Batch time: 11:08 AM
Time In Mixer: 60 MINUTES
Mix No.: 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: PARTLY CLOUDY 70 DEGREES

Sample Date: 11/18/2004
Set No.: 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 72 OF 99 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06694-0024A	7	11/25/2004	132,000	28.27	4,669	117	A
C06694-0024B	28	12/16/2004	152,000	28.27	5,377	134	A
C06694-0024C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Chestwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

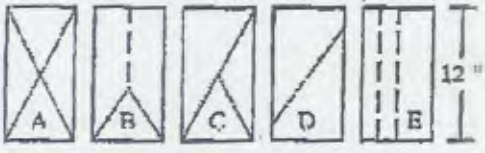
Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G DITCH 1+35 - 1+95
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORP
Supplier: LAFARGE
Truck/Ticket: 1597/827694
Batch time: 9:22 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 68 DEGREES
Weather: CLOUDY LIGHT RAIN 64 DEGR
Sample Date: 11/19/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 45 OF 86 YDS
Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06702-0025A	7	11/26/2004	122,000	28.27	4,316	108	A
C06702-0025B	28	12/17/2004	148,000	28.27	5,235	131	A
C06702-0025C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

May 12, 2005

COMPLETION REPORT
Volume II of III
Appendices G-J

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama

ROUX ASSOCIATES, INC.

Environmental Consulting & Management

1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX G

TSCA WASTE MANIFESTS

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

TRL 134 TRL 327 Box A-52

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256) 231-4483

A. State Manifest Document Number: CWMA 956683

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALD000627237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531105-9941 CWM Profile # CM0079	001	CM	16330	K	PCB A-52
b. Disposal Approval # CWM Profile #			0 10/14/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
N OUT OF SERVICE DATE: 10/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. V c. b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 115 feet North
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN0171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS — Signature — Month 10 Day 11 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bobby Eustice — Signature — Month 10 Day 12 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
Corrected wt per Mickie Sweeden per Donn Williams. OK 10/14/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: James E. Meadows — Signature — Month 10 Day 12 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

163 94

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | P | T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956682

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A | L | R | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone (800) 225-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 255196-CWM CWM Profile # CWM373	021	CM	12000	K	PCB A-310
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) LBS OF SERVICE WATER (slight)

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th Street Ditch

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CONTRACT 171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		1	9	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Sean Farrow		1	0	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

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	Signature	Month	Day	Year
JAMES E. MANN		1	12	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956681

B. State Generator's ID:

4. Generator's Phone (256 231-4483)

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 0 7 2 3 7

C. State Transporter's ID:

D. Transporter's Phone: (AMD) 224-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 2C310K-CWM1 CWM Profile # CWM879	001	CM	15658		PCB AE166
b. Disposal Approval # CWM Profile #			10/14/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT TIME OF SERVICE DATE: 10/12/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRD8171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JAMES Parker	James Parker	10	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Corrected wt. per mike Sweller
Per Donn Williams. OK 10/14/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Irma Mc.	Irma Mc.	10	14	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

IK 139 TR2378 A74

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8463

A. State Manifest Document Number: CWMA 956686

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (2000) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 2053105-3241 CWM Profile # CWM879	001	CM	15577	K	PCB A-74
b. Disposal Approval # CWM Profile #			0 10/19/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/13/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: W. U 1/street hatch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGN171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		10	13	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bobby Eustice		10	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD entered per Sandra Reeves 10/13/04 EJ
Corrected ltr. per Donn Williams
Via Michele Shedlar Ok. 10/15/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Donna Cole	Donna Cole	10	19	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956685

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number
A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number
A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 87265-BUL CWM Profile # CWM79	001	CM	20000	K	PCB 167769
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
PI OUT OF SERVICE DATE: 10/13/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DOUG WILLIAMS — Signature — Month 10 Day 13 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL HALE — Signature: Michael Hale — Month 10 Day 13 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
DSD 10/13/04 27 voided see 1 per Sandra Reeves

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E X E M P T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

4. Generator's Phone (256 231-0483

A. State Manifest Document Number CWMA 956684

B. State Generator's ID

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8645

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 8C3105-9PAI CWM Profile # CM0379	0 0 1	C M	1 2 0 0 0	K	PCB
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ END OF SERVICE DATE: 10/13/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th street hitch
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EMGN171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	13	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley	Jerry Farley	10	13	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD 10/13/04 TT
added Sec J per Sandra Reeves

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		10	13	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) LD #163852 Box IM-85-013-OT

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4447

A. State Manifest Document Number: CWMA 956687

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 7 6 2 3 7

C. State Transporter's ID

D. Transporter's Phone (AAAA) 256-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # EMELLE-WAY CWM Profile # CWM73	001	CM	21283	P	PCB 25013
b. Disposal Approval # CWM Profile #			OS 10/19/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
01 OUT OF SERVICE DATE: 10/14/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 11 sheet inlet
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EMGN171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA -- DONN WILLIAMS — Signature — Month 10 Day 14 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Thomas — Signature — Month 10 Day 14 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space 1 USD added per Donna receipt 10/19/04 JPC
Correct/ots per Donn Williams
Vicki Miller Emelle, Ala 10/19/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4483

A. State Manifest Document Number: CWMA 956671

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007287

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-4545

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210N-SDAL CWM Profile # CWS675	001	CM	12000	K	PCB 107770
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
a) OUT OF SERVICE DATE: 10/19/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE Ditch
LOCATION:
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Tammy Ray		10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD added Sec I per Sandra Reeves 10/19/04 EJ

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Don Williams	Don Williams	10	19	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 10772

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 66612

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201
Or 10/21/04

4. Generator's Phone (256 231-8483

A. State Manifest Document Number CWMA 956672

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723 7

C. State Transporter's ID

D. Transporter's Phone (800) 220-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 957196-SDI CWM Profile # 26879	001	CM	11512 LBS OR 10/21/04	K	PCB
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE RATE
10/19/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA POW SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENGM171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Doug Smith	Doug Smith	10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space 250 gallons per sample rec'd 10/19/04 EJ
Mikel Sweeter sent email to correct wt. + add Doc # On 10/21/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Month	Day	Year
Inna Crume	Inna Crume	10	21	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT

Manifest Document No.: 156670

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 956670

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000097237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 1R3186-0241 CWM Profile # CWM273	001	CM	14860	K	PCB 25015
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/19/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. I c. b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	19	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
James Pike	James Pike	10	19	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Material Shipped per approved WMOSD added Sec J per Sandra Reeves to correct w/ on MF + Add Dept 0.1PL 10/19/04 10/19/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Ann Cole	Ann Cole	10	20	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956669

B. State Generator's ID

4. Generator's Phone (256 231-4443

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000002737

C. State Transporter's ID

D. Transporter's Phone (800) 228-4445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 88310E-9241 CWM Profile # CWM879	001	CM	16539	P	PCB 12504
b. Disposal Approval # CWM Profile #			2 10/25/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ OUT OF SERVICE DATE: 10/20/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION:
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	20	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
FELTUS HAMM		10	20	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Mike Sunder gave COSP per Sandra Cain 10/21/04 ST
authorization to correct wt on
WIF for Dawn Williams 10/25/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	01	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164522

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 2M 25007 PCB OT

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 955668

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8443

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 95W106-7241 CWM Profile # CWM473	001	CM	12000	K	PCB 25007
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
RQ DOT OF SERVICE DATE: 10/20/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: Ditch
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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GENERATOR

Printed/Typed Name: SOLUTIA - JOHN WILLIAMS — Signature — Month Day Year: 10 20 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley — Signature — Month Day Year: 10 20 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space: COD per Solutia Phone 10/21/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year: 10 21 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164523 Box 2M 25004 07

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 6006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number CWMA 956666

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 205/652-9721

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05310S-NRA1 CWM Profile # [illegible]	001	CM	13,581	K	PCB 25004
b. Disposal Approval # CWM Profile #			10/27/04	S/R	
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/27/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. ✓ c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order # ✓
ANNISTON AREA PCB SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN0171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		10	27	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley		10	27	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space 000 added per Sandy Reese
Corrects weight on manifest per Mikela Lingerfelt per Dawn Williams
10/27/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible] CWM	[illegible]	10	27	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | D | T | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956667

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

B. State Generator's ID

4. Generator's Phone (256 231-4443

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: | A | L | R | 0 | 0 | 0 | 0 | 5 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 8731RS-9241 CWM Profile # PMSE75	004	CM	12000	K	PCB A52
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE 10/21/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA POD SITE
LOCATION: Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENGM171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS		10	21	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	10	21	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD added per Martin Brown 10/21/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		10	21	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box # 1 of 2 #0164524

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 56665

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956665

B. State Generator's ID

4. Generator's Phone (256 231-4483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (AMG) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210S-HAM1 CWM Profile # CWM79	001	CM	10,533	P	PCB 2502
b. Disposal Approval # CWM Profile #			10/27/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/22/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: 1st Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENS#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS		10	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
TERRY ADAMS		10	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space GSD added on Sunday DP 10/27/04
Corrected weight on manifest per Mikela Stoeller per Don Williams 10/27/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 51604

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number CWMA 956664

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224646

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	10000	K	PCB 2509
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/22/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. A c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: [illegible] Ditch
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS — Signature: [signature] — Month Day Year: 10 22 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: FRANKIE SOUTH T — Signature: [signature] — Month Day Year: 10 22 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OSD in Sundries Recvd 10/22/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 10 22 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 164526 Box A-12

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 51601 14

2. Page 1 of 1.

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number CWMA 956674

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 288-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 955186-SEAL CWM Profile # CWM874	001	CM	16819	K	PCB A-12
b. Disposal Approval # CWM Profile #			0 10/26/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE GATES
10/26/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: Big Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS	Dawn Williams	10	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry - Farley	Jerry Farley	10	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Correct per Dawn Williams via Mike Sneddon Envt. on 10/26/04
OSD added per Sandra Rees 10-5-04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Tina Wilkes	Tina Wilkes	10	25	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 566615

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-6443

A. State Manifest Document Number: CWMA 956675

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-6445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID: 2650

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9731BG-RAC CWM Profile # CNWM79	001	CM	13871	K	PCB 2504
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 10/25/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 St. Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EN6W171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS — Signature — Month 10 Day 22 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley — Signature — Month 10 Day 22 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
Correct per Mikel Sweatman
per Donn Williams 10-25-04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 956688

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. / Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8403

A. State Manifest Document Number: CWMA 956688

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9M3105-IMD CWM Profile # CWM173	001	CM	12000	K	PCB 25001
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ DOT OF SERVICE DATE 10/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE LOCATION: / Street Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRN1171

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.

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GENERATOR — Printed/Typed Name: SOLUTIA - DAWN WILLIAMS — Signature — Month 10 Day 23 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farlow — Signature — Month 10 Day 23 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OSD per Jordan Keene 10/24/04 BP

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 566713

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC./Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256) 231-8483

A. State Manifest Document Number: CWMA 956673

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: A L R 0 0 0 0 0 7 2 3 7

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 0735NE-BMI CWM Profile # CWM875	001	CM	8673	K	PCB 107772
b. Disposal Approval # CWM Profile #			On 10/26/04		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) DOT OF SERVICE DATE: 10/25/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 Ditch
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DON WILLIAMS
Signature: D. Williams
Month Day Year: 10 25 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy Jones
Signature: Randy Jones
Month Day Year: 10 25 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

FACILITY

19. Discrepancy Indication Space
Correct wt per Don Williams. On 10/26/04 10/25/04 ET
OS Dadded see J per Sandra Reeves
Final Bulk Shipment

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Emma T 10/26/04
Signature: Emma Taylor
Month Day Year: 10 25 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

LH 104983

WM HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

BOX 107770

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | E | X | E | M | P | T | | | | | | | Manifest Document No. 50057

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address MONSANTO-SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956657

B. State Generator's ID

4. Generator's Phone (256 231-0443

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number | A | L | D | 9 | 8 | 0 | 8 | 7 | 2 | 3 | 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 761186-5741 CWM Profile # CWM79	001	CM	9008	W	PCB 107770
b. Disposal Approval # CWM Profile #			11/5/04SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
1) OUT OF SERVICE DATE: 10/26/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CONTRACT 171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DONN WILLIAMS | Signature | Month 10 | Day 26 | Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley | Signature | Month 10 | Day 26 | Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month | Day | Year

FACILITY

19. Discrepancy Indication Space OSD per Donn Williams 11/4/04 ST
Corrected weight per Donn Williams 11/5/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name | Signature | Month 11 | Day 04 | Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Ld 165293 Blue Box 107774

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 956659 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto - SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8493

A. State Manifest Document Number CWMA 956659

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000072737

C. State Transporter's ID

D. Transporter's Phone (800) 228-8445

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 97305-9911 CWM Profile # 000079	001	CM	9390	K	PCB 107774
b. Disposal Approval # CWM Profile #			11510452		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/29/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 1 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGM171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Williams	10	29	04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Farley	Jerry Farley	10	29	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space
OSD added Sec J per Don Williams 11/4/04 ET
Corrected Weight per Don Williams 11510452R

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	04	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 0165296 Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 5604 JC

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956676

B. State Generator's ID:

4. Generator's Phone (256) 231-2401

5. Transporter 1 Company Name: ROLLINS ENVIRONMENTAL, INC.

6. US EPA ID Number: A L R 0 0 0 0 5 7 2 3

C. State Transporter's ID:

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: A L D 0 0 0 6 2 2 4 6 4

G. State Facility's ID:

H. Facility's Phone 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	00015	K	PCB 107772
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 10/30/04
State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: [illegible] DIKE
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - JOHN WILLIAMS	[signature]	11	03	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bobby Eustice	Bobby Eustice	11	03	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD exhibit Sec 3 per Dana Williams 11/4/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]			

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

LD 165294 Old Box 107775

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT Manifest Document No. 956658

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 956658

B. State Generator's ID

4. Generator's Phone (256 231-0483

5. Transporter 1 Company Name
ACTION RESOURCE, INC.

6. US EPA ID Number ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 4E3105-4241 CWM Profile # CWM75	001	CM	18836 LBS	K	PCB 107775
b. Disposal Approval # CWM Profile #			11/5/04 S/R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE!
10/30/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA -- DON WILLIAMS
Signature: Don Williams
Month 10 Day 30 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Farley
Signature: Jerry Farley
Month 10 Day 30 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

FACILITY

19. Discrepancy Indication Space
DSP updated see 3 per Don Williams 11/4/04 EJ
Corrected weight per Don Williams 11/5/04 S/R

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

Box 107773

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 95655

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956656

3. Generator's Name and Mailing Address
SOLUTIA, INC. (Monsanto)
702 CLYDESDALE AVE.
ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8403

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 07864-CWM CWM Profile # CWM79	001	CM	12000	K	PCB Box 107773
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AJ OUT OF SERVICE DATE: 11/2/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	02	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Randy Jones		11	02	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD DH Sundry Items
Add'l Location pr. M. Sundry 11/3/04 VL

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

A-13

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 956653 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto — SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 956653

B. State Generator's ID:

4. Generator's Phone (256 831-8463

5. Transporter 1 Company Name: ACTION RESOURCE, INC. | 6. US EPA ID Number: ALR000007237 | C. State Transporter's ID | D. Transporter's Phone (800) 284-8445

7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility, Alabama Highway 17 at Mile Marker 163, Emelle, Alabama 35459 | 10. US EPA ID Number: ALD000622464 | G. State Facility's ID | H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. NA, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	13844	K	PCB A-13
b. Disposal Approval # CWM Profile #			11/10/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: A) OUT OF SERVICE DATE: 11/4/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

Work Order #

ANNISTON AREA PCB SITE LOCATION: 11 Street

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CRD0171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DOWN WILLIAMS	Down Williams	11	04	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Randy Jones	Randy Jones	11	04	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: USD PD PCB Solutia Wgt [illegible] Corrected weight per Down Williams 11/10/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	11	10	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 56062

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956662

3. Generator's Name and Mailing Address
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8403

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (888) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210-9041 CWM Profile # CWM79	001	CM	8872	K	PCB 2505
b. Disposal Approval # CWM Profile #			11/5/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
@ UNIT OF SERVICE DATE: 11/4/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 11th St. PCB Project
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS
Signature
Month Day Year: 11 04 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Chris Jacob
Signature
Month Day Year: 11 04 04

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space: OSD added Sec J per Don Williams 11/4/04 ET
Corrected weight on Manifest per Dawn Williams 11/5/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 5W694

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: CWMA 956646

3. Generator's Name and Mailing Address: SOLUTIA, INC. (Monsanto) 702 CLYDESDALE AVE. ANNISTON, AL 36201

B. State Generator's ID

4. Generator's Phone (256 231-8483)

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8945

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID: 20

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	CM	18519	P	PCB 107769
b. Disposal Approval # CWM Profile #			11918 45R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: AT TIME OF SERVICE DATE: 11/5/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. C b. c. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

Work Order #

ANNISTON AREA HOT SITE LOCATION: 11th Street

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name: SOLUTIA - DON WILLIAMS — Signature: [signature] — Month 11 Day 05 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Chris Jossa — Signature: [signature] — Month 11 Day 05 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space: USD per Don Williams 11/5/04 ST Corrected weight per Don Williams 11/9/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name [illegible] — Signature [signature] — Month 11 Day 09 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 51071

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. Monsanto
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-4443

A. State Manifest Document Number CWMA 956641

B. State Generator's ID

5. Transporter 1 Company Name
ACTION RESOURCE, INC

6. US EPA ID Number | A | L | R | 0 | 0 | 0 | 0 | 7 | 2 | 3 | 7 |

C. State Transporter's ID

D. Transporter's Phone (205) 295-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number | A | L | D | 0 | 0 | 0 | 6 | 2 | 2 | 4 | 6 | 4 |

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05315-NRAI CWM Profile # CHM79	001	CM	12000	K	PCB 11309
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) UNIT OF SERVICE DATE:
B) 11/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA DISPOSAL SITE
LOCATION: 11th St.

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CCN#171

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Wm	11	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Herbert Mayfield	Herbert Mayfield	11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
corrected name per Don Williams 11/15/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Linda Cole	Linda Cole	11	15	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 956642

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

A. State Manifest Document Number CWMA 956642

B. State Generator's ID

4. Generator's Phone (256) 231-8483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723 7

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 953106-GA1 CWM Profile # CWM179	001	CM	10587	K	PCB 107770
b. Disposal Approval # CWM Profile #			11151045R		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT TIME OF SERVICE DATE: 11/12/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA (PCB SITE) LOCATION: 11th St.
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERGM171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	12	2004

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Herbert Martin	Herbert Martin	11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space Added OSD & Corrected Generator Name per Dawn Williams
Corrected weight per Dawn Williams 11151045R
RT/AC 11/12/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 41754

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC.
Monsanto 702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299754

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 6852186-9241 CWM Profile # CWM379	a	b	10,025	k	PCB 107773
b. Disposal Approval # CWM Profile #			11/16/04 SR		
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
RQ OUT OF SERVICE UNIT
11/15/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. 2 c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11th Street
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	15	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	15	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
see G.S.D. added per Donn Williams 11/15/04 ET
Corrected weight per Donn Williams 11/16/04 SR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	15	04

EPA Form 8700-22 (Rev. 10-94). Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT | Manifest Document No.: 99158

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299758

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006226446

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 953186-9241 CWM Profile # CWM875	001	CM	12000	K	PCB 107769
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NO LOT OR SERVICE DATES
11/18/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON ARE/PCB SITE
LOCATION: 11th Street

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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GENERATOR

Printed/Typed Name: SOLUTIA - DAWN WILLIAMS | Signature | Month 11 Day 18 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Richard Thomas | Signature | Month 11 Day 18 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space: CO added per Dawn Williams 11/23/04 SAL

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299757

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299757

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 220-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 857186-9941 CWM Profile # CM9879	001	CM	12000	K	PCB 107774
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATE: 11/18/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. C c. b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: 17th Street
Purchase Order #
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS	Don Williams	11	18	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	18	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD ppk Don Williams 11/22/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 99130

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

4. Generator's Phone (- 256 231-8483

A. State Manifest Document Number: CWMA 299750

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000737

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05210C-BF41 CWM Profile # CWM879	001	CM	12000	K	PCB 11301
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above: RQ OUT OF SERVICE DATES 11/21/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above: a. L c. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA POLYSITE LOCATION: Stuart

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	21	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler		11	21	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: CSP added per Donna Williams 11/22/04 EJ CSP on file 11/22/04 EJ

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299766

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOLUTIA, INC. MONSANTO
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299766

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID:

D. Transporter's Phone: (850) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 7, UN2315, PGIII Disposal Approval # 96DHW-214 CWM Profile # CWM079			9117		PCB 107776
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NJ UNIT OF SEVERAL LINES
11/22/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
ANNISTON AREA PCB SITE
LOCATION: 11 street Ditch 2
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS	DWilliams	11	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Sam Arrow	Sam Arrow	11	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space NO State Y & M. Copy w/ corrected Bill of Lading
OSD added per Dawn Williams 11/22/04 ET letter on file.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Anne Carr	Anne Carr	11	22	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 107775

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 362012004

4. Generator's Phone (256 231-8403

A. State Manifest Document Number: CWMA 299760

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000727

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531196-9241 CWM Profile # CM8673	001	M	10587 LB-DRUM		PCB 107775
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AL OUT OF SERVICE LINE1
11/23/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE 14th Street
LOCATION:

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ENG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	22	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas	Richard Thomas	11	22	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD called per Rex Williams 11/23/04 CT
per 13 conv. fax & email

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto — SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201

A. State Manifest Document Number: CWMA 299764

4. Generator's Phone (256 231-8483)

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000723

C. State Transporter's ID

D. Transporter's Phone: (800) 228-4845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05310B-9241 CWM Profile # CM9079	001	CM	55000	K	PCB 113095
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

AL OUT OF SERVICE DATE: 11/23/04

J. Additional Descriptions for Materials Listed Above

State of Generation AL

K. Handling Codes for Wastes Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA PCB STATE LOCATION: 14th Street

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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Printed/Typed Name	Signature	Month Day Year
SOLUTIA - DONN WILLIAMS		11/12/04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
Doug Smith	Doug Smith	11/12/04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Discrepancy Indication Space

USD added Don Williams SM 11/23/04

WY: emailed per Email PA 11/24/04

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month Day Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete. GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299763

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 225-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 053106-9241 CWM Profile # CM3079	001	CM	12000	K	PCB 25013
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
AT OUT OF SERVICE DATES
11/23/04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
ANNISTON AREA PCB SITE
LOCATION: Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DAWN WILLIAMS		11	23	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Doug Smith		11	23	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
OSD Received per Dawn Williams 11/23/04 ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	23	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 49115

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-0403

A. State Manifest Document Number CWMA 299751

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000000727

C. State Transporter's ID

D. Transporter's Phone (800) 228-0845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05318G-9241 CWM Profile # CM9079	001	CM	10478	K	PCB 23176
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
A) OUT OF SERVICE DATE: 11/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
Purchase Order #
LOCATION: 11th Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS		11	23	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Scott Fixton		11	23	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSP added Sent per Donn Williams 11/23/04
letter on file ET Sep. 13 con. per Email

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 99152

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-8483

A. State Manifest Document Number: CWMA 299752

B. State Generator's ID

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD006224644

G. State Facility's ID

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 05318G-XPAI CWM Profile # CWMA79	001	CM	12000	K	PCB A-82
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NOT OF SERVICE DATE: 11/23/04

State of Generation AL

K. Handling Codes for Wastes Listed Above
a. /
c.
b.
d.

15. Special Handling Instructions and Additional Information
Purchase Order #
ANNISTON AREA PCB SITE
LOCATION: 1st Street
Work Order #
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DONN WILLIAMS	Donn Williams	1	1	23 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler	Jason Fowler	1	1	23 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space OSD added per Donn Williams, letter on file 11/23/04 ET

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Donn Williams	Donn Williams	1	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 99765

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Monsanto
SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

4. Generator's Phone (256 231-0483

A. State Manifest Document Number: CWMA 299765

B. State Generator's ID:

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000007237

C. State Transporter's ID:

D. Transporter's Phone: (800) 228-8845

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID:

H. Facility's Phone: 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 863186-9241 CWM Profile # CM9879	001	CM	8292	L	PCB 23012
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

AT OUT OF SERVICE DATES

J. Additional Descriptions for Materials Listed Above: 11/24/04

State of Generation: AL

K. Handling Codes for Wastes Listed Above
a. C c.
b. d.

15. Special Handling Instructions and Additional Information
ANNISTON AREA PCB SITE
LOCATION: H Street

Purchase Order #

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 CMGM171

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.

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Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	24	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jason Fowler		11	24	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space: OSD Added per Don Williams. 11/24/04
Sec 13 corrected per Betty

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
		11	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 11/6/24

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No. 299762

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MONSANTO SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL. 36201

A. State Manifest Document Number: CWMA 299762

B. State Generator's ID

4. Generator's Phone (256 231-8483

5. Transporter 1 Company Name: ACTION RESOURCE, INC.

6. US EPA ID Number: ALR000008723

C. State Transporter's ID

D. Transporter's Phone (800) 220-8845

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number: ALD000622464

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 9531866-9041 CWM Profile # CWM979	001	CM	12000	K	PCB 23347
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above
NJ OUT OF SERVICE DATES: 11-24-04
State of Generation AL

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order #
Work Order #
LOCATION: ANNISTON AREA PCB SITE 5th Street
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
SOLUTIA - DON WILLIAMS		11	12	04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard Thomas		11	12	04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
USD pm Non Williams 5th/5th ST

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Mike Cole	Mike Cole	11	24	04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 167154

Form Approved. OMB No. 2050-0039. Expires 9-30-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. EXEMPT — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC.
702 CLYDESDALE AVE.
ANNISTON, AL 36201

A. State Manifest Document Number CWMA 299748

B. State Generator's ID

4. Generator's Phone (256 231-4403

5. Transporter 1 Company Name ACTION RESOURCE, INC.

6. US EPA ID Number ALR000000723

C. State Transporter's ID

D. Transporter's Phone (800) 228-8045

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number ALD006224644

G. State Facility's ID

H. Facility's Phone 205/652-9721

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # [illegible] CWM Profile # [illegible]	001	DM	8510	K	PCB 1107125
b. Disposal Approval # CWM Profile #					
c. Disposal Approval # CWM Profile #					
d. Disposal Approval # CWM Profile #					

J. Additional Descriptions for Materials Listed Above — AV INT OF SERVICE DATE: 12/01/04

State of Generation AL

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

Purchase Order #

ANNISTON AREA PCB SITE
LOCATION: Sweet

Work Order #

EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERG#171

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.

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 quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name SOLUTIA - DON WILLIAMS — Signature [signature] — Month 12 Day 01 Year 04

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Richard Thomas — Signature [signature] — Month 12 Day 01 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space OS Dadded per Don Williams 12/1/04 ET
ser 13 Corrected per letter

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Emma Taylor — Signature [signature] — Month 12 Day 01 Year 04

EPA Form 8700-22 (Rev. 10-94) Previous edition is obsolete.

GENERATOR NO. 2 (Must Accompany Shipment)

APPENDIX H

NON-HAZARDOUS DEBRIS MANIFESTS

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30454

GENERATOR

Generator Name Taylor Soliting

Generating Location Soliting

Address

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack L

Transporter Name TWT

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McMeans 8-13-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # BA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Thor D. Ty 8-13-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30452

GENERATOR

Generator Name Taylo Corp
[redacted] Solutia

Generating Location Solutia Property
Address Ducan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	24	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK L[illegible]D

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 10550
Transporter Name IWI 7:34
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-13-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-13-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30480

GENERATOR

Generator Name Taylor Corp Solitia

Generating Location Solitia

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mack 252

Transporter Name IWI 108550

Address Shingles

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McMan

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McMain 8/14/04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Hay 8-14-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30481

GENERATOR

Generator Name Taylor Corp
Solutia Job

Generating Location Solutia
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Containers Quantity	Units	No.	Type
Cross ties Fence	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 135
Transporter Name IWI 085419
Address Shingles

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McKay
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKay 8-14-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30482

GENERATOR

Generator Name ~~[illegible]~~ Taylor Corp
Solidfiq JEB

Generating Location Solidfiq
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Fence crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mack 1 9:55
Transporter Name IWI 108550
Address crossties

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-14-04
Driver Signature — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES ✓ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30478

GENERATOR

Generator Name Taylor Corp Solivia

Generating Location Solivia

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 10:05

Transporter Name IWI 108550

Address Railroad Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

8-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30467

GENERATOR

Generator Name Taylor Corp Saint Paul Job

Generating Location Schlitz

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
cross ties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack I 1:30

Transporter Name IWI 107900

Address Rail Road Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 8-17-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Gay 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30468

GENERATOR

Generator Name Taylor Corp Soliciting Job

Generating Location Soliciting
Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Cross ties	22	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 1 12:39
Transporter Name FWI 108550
Address Railroad Ties

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McKee
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKee 8-17-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

Chris D. Hay 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30470

GENERATOR

Generator Name Taylor Corp. Sylacauga Fab

Generating Location Sylacauga

Address Duncan

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Cross-ties	22	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. mach 1 9.00

Transporter Name JWI 10549

Address Rail Road Ties

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair — Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair — Driver Signature | 8-17-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 8-17-04 — Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30518

GENERATOR

Generator Name Ill St. Ditch

Generating Location

Address

Phone No.:

Phone No.:

IWI CODE:

Containers 20

Description of Waste	Quantity	Units	No.	Type
Cross-ties	19	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack I

Transporter Name I L I

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 9/27/04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 9-27-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30672

GENERATOR

Generator Name ~~[illegible]~~ Taylor Corp
Solutia
Phone No.:
IWI CODE:

Generating Location ~~[illegible]~~ 11th St,
Address
Phone No.:

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	35	~~C~~ T	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2
Transporter Name Taylor Corp
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Bobby McKay — Driver Signature — 11-02-04 — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Bobby McKay — Driver Signature — 11-02-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-2-04 — Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30803

GENERATOR

Generator Name Taylor Corp
Generating Location 11th Street
Address
Phone No.:
Phone No.:
IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
Crossties	23	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2
Transporter Name IWI
Address
Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair 11-16-04
Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 11-16-04
Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # 62

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-12-04
Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30804

GENERATOR

Generator Name Taylor Corp

Generating Location 11th Street

Address

Phone No.:

Phone No.:

IWI CODE:

Containers

Description of Waste	Quantity	Units	No.	Type
crossties	15	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. MACK 1

Transporter Name JWJ

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature 11-12-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 11-12-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-12-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30801

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street

Address

Phone No.: Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	25	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2 Phone No.

Transporter Name IWI Driver Name (Print)

Address Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McNair 11-16-04

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair 11-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

11-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30802

GENERATOR

Generator Name Taylor Corp.

Generating Location 11th Street

Address

Phone No.:

Phone No.:

IWI CODE:

Description of Waste	Quantity	Units	Containers No.	Containers Type
crossties	20	C	1	T

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No. Mack 2

Transporter Name IWI

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Billy McClain 11-16-04

Driver Signature | Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McClain 11-16-04

Driver Signature | Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # 32

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | Receipt Date

11-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30546

GENERATOR

Generator Name Taylor Cor

Generating Location 11th Street

Address

Phone No.:

IWI CODE:

Phone No.:

Containers 30yrd

Description of Waste	Quantity	Units	No.	Type
Cross Ties	23	C	1	T

108548

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.

Transporter Name

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature 11-17-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 11-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30547

GENERATOR

Generator Name Taylor Corp.

Generating Location 11th

Address

Phone No.:

Phone No.:

IWI CODE:

Containers 40 yrd

Description of Waste	Quantity	Units	No.	Type
Cross Ties	35	C	1	T

107862

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.

Transporter Name

Address

Phone No.

Driver Name (Print)

Vehicle License No./State

Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Tonni Dan — Driver Signature — 11-17-04 — Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Tonni Dan — Driver Signature — 11-17-04 — Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30548

GENERATOR

Generator Name Taylor Corp
Solutia
Phone No.:
IWI CODE:

Generating Location 11th Street
Address
Phone No.:

Containers 4 yard

Description of Waste	Quantity	Units	No.	Type
Crogstics	35	C	1	T

10/729

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name | Signature | Shipment Date

TRANSPORTER

Truck No.
Transporter Name
Address

Phone No.
Driver Name (Print)
Vehicle License No./State
Vehicle Certification

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature — 11-17-04 Shipment Date

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature — 11-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES ____ NO ____

LANDFILLED YES ✓ NO ____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent | Signature | 11-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST 30502

GENERATOR

Generator Name 11th St. Ditch

Generating Location _____

Address _____

Phone No.: _____

IWI CODE: _____

Phone No.: _____

Description of Waste	Quantity	Units	Containers No.	Containers Type
Crossties	22	C	1	T

30

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 2

Transporter Name IWI

Address _____

Phone No. _____

Driver Name (Print) Kevin Samples

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

Driver Signature _____ Shipment Date _____

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature _____ Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES ✓ NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date _____

APPENDIX I

AS-BUILT SURVEY

11th STREET DITCH
RESPONSE ACTION
"AS-BUILT"
SURVEY

ANNISTON, ALABAMA

PREPARED FOR :

MONSANTO COMPANY

LIST OF DRAWINGS

SHEET NUMBER	DRAWING TITLE
1	TITLE SHEET
2	"AS-BUILT" SURVEY
3	EXISTING AND PREVIOUS CROSS SECTIONS
4	EXISTING AND PREVIOUS CROSS SECTIONS
5	EXISTING AND PREVIOUS CROSS SECTIONS
6	DETAIL SHEET
7	DETAIL SHEET

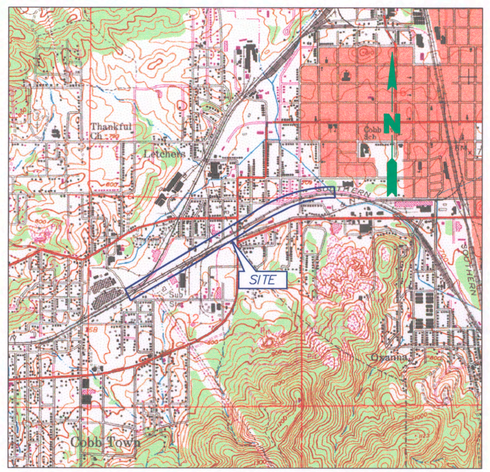
PREPARED BY :

TAYLOR LAND SURVEYING

Taylor Land Surveying Inc.
*Surveyors * Planners * Consultants*
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell

ALABAMA REGISTERED No. 25298 PROFESSIONAL LAND SURVEYOR SHAWN TAYLOR

NOT VALID WITHOUT RED SIGNATURE



SITE LOCATION MAP
1"=2,000'

FEBRUARY 2005

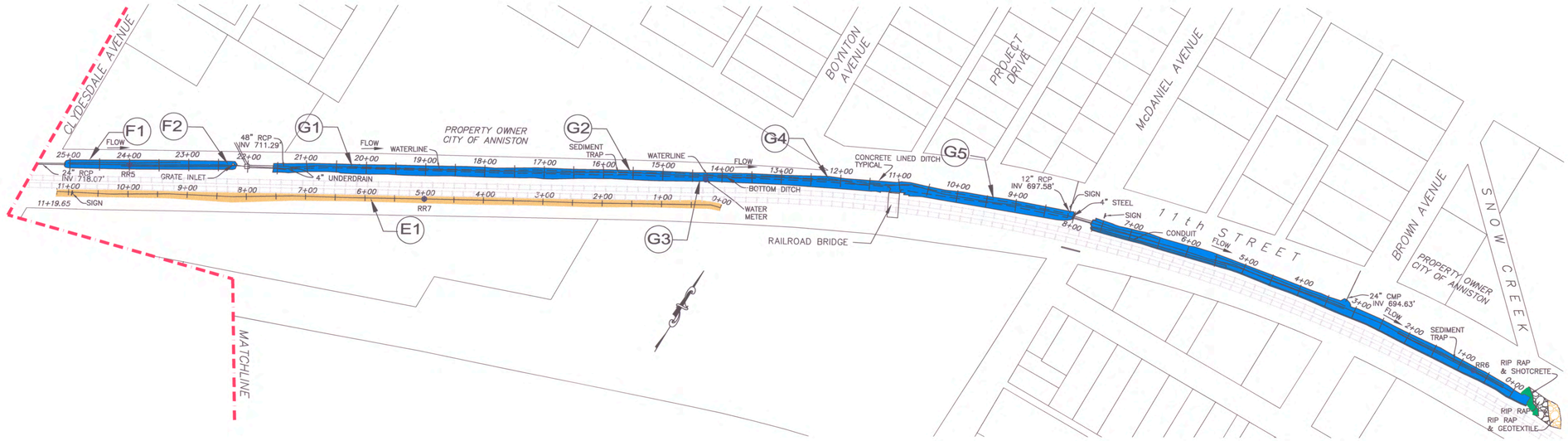
SURVEYORS NOTES

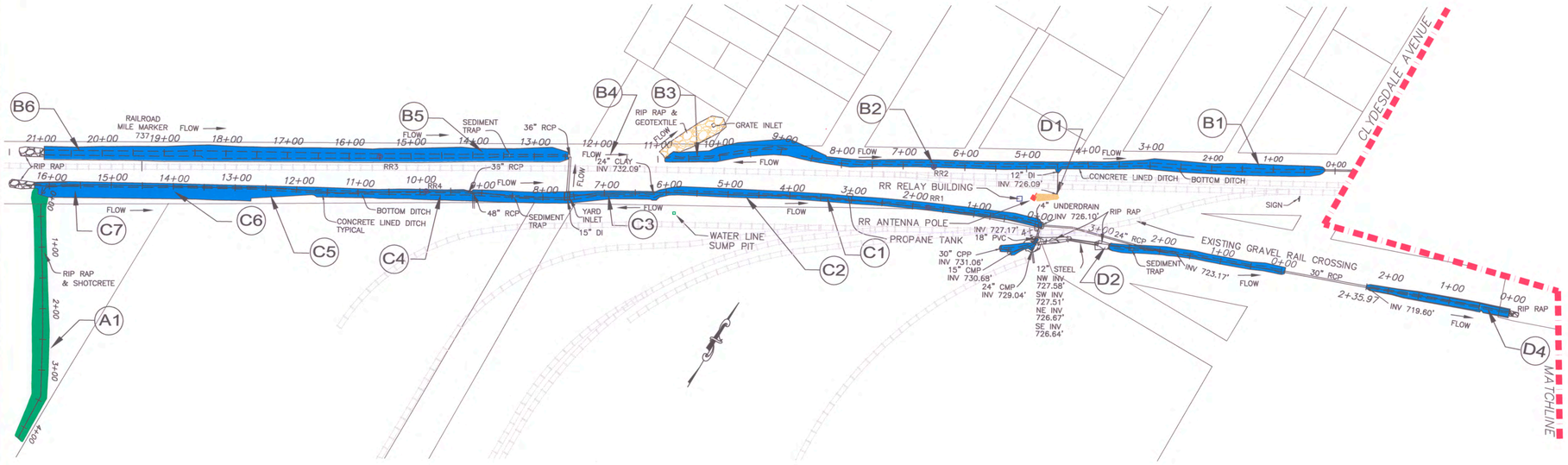
1. As-built survey made on the ground under the supervision of an Alabama Registered Land Surveyor. Date of Survey is January 25th, 2005.
2. Bearings are based on information provided by client.
3. No underground utilities, underground encroachments or building foundations were measured or located as part of this survey, unless otherwise shown. Trees and shrubs were not located, unless otherwise shown.
4. This survey was conducted for the purpose of an As-built Survey only, and is not intended to delineate the regulatory jurisdiction of any federal, state, regional or local agency, board, commission or other similar entity.
5. Attention is directed to the fact that this survey may have been reduced or enlarged in size due to reproduction. This should be taken into consideration when obtaining scaled data.
6. This Survey is subject to any and all Easements, Rights-of-way, Covenants or Restrictions of record, which a complete Title search may reveal.

LEGEND

These standard symbols may be found in the drawing.

- Rip Rap and Shotcrete
- Ballast and Geotextile Fabric
- Concrete liner with Ditch invert lines
- Rip Rap & Geotextile
- Rip Rap
- RR# Composite Sample locations





GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

ALABAMA REGISTERED LAND SURVEYOR T. SHAWN TAYLOR 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 2 of 7 | Scale 1 = 100'

TYPE OF SURVEY: AS-BUILT SURVEY

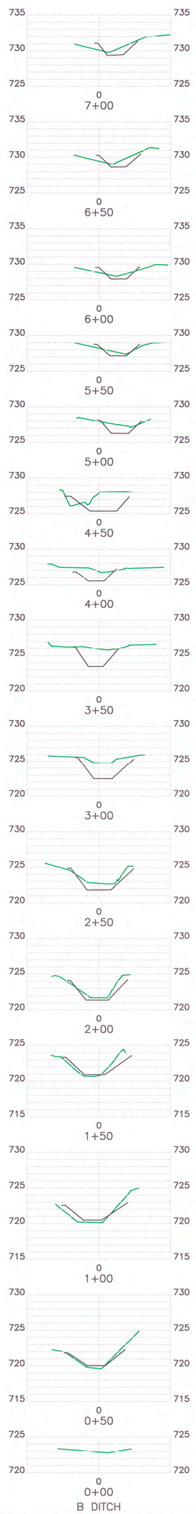
CLIENT: TAYLOR CORP.

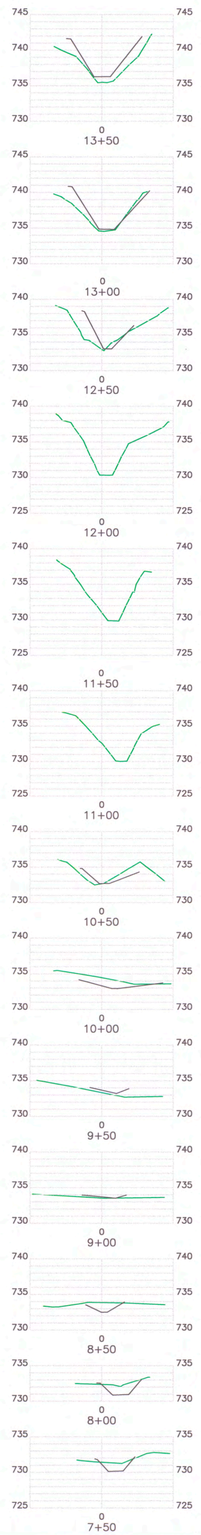
OXFORD, ALABAMA

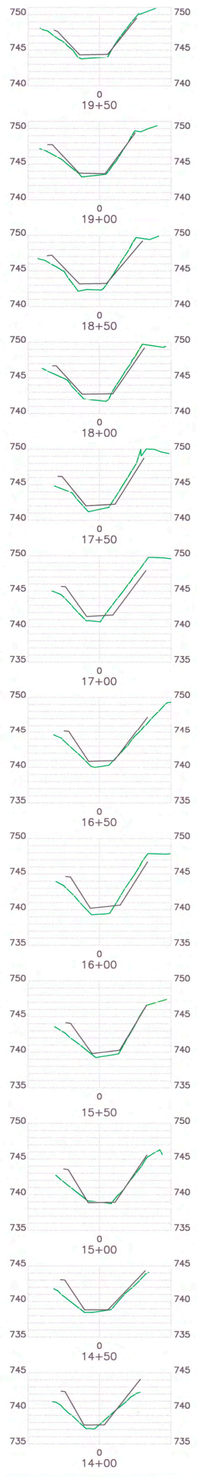
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell

SHEET NO. 2







B DITCH

LEGEND

These standard symbols may be found in the drawing.

Concrete liner

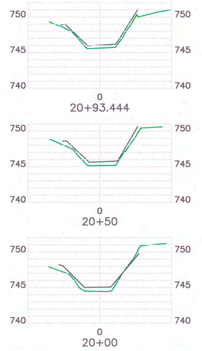
Original ground

0' 20 40 60

HORIZONTAL SCALE IN FEET

0' 10 20 30

VERTICAL SCALE IN FEET



SHEET NO.

3

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

ALABAMA REGISTERED T. SHAWN TAYLOR No. 25298 PROFESSIONAL ENGINEER SURVEYOR

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Scale 1 = 20'

Sheet 3 of 7

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

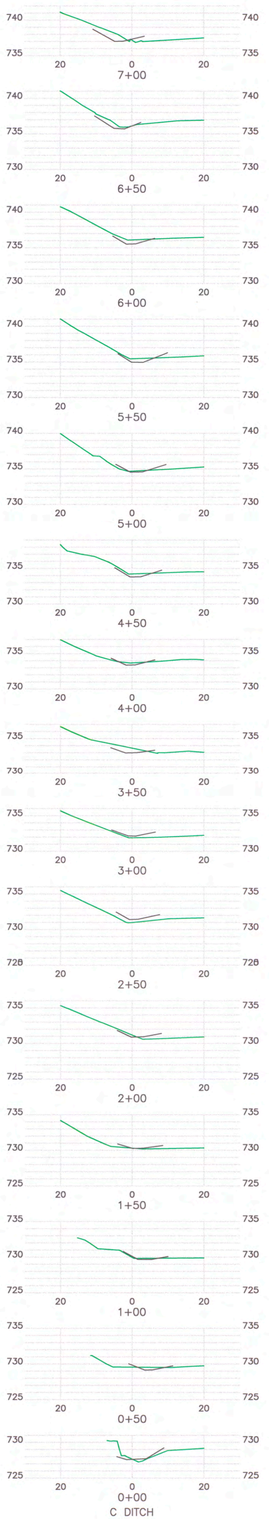
CLIENT

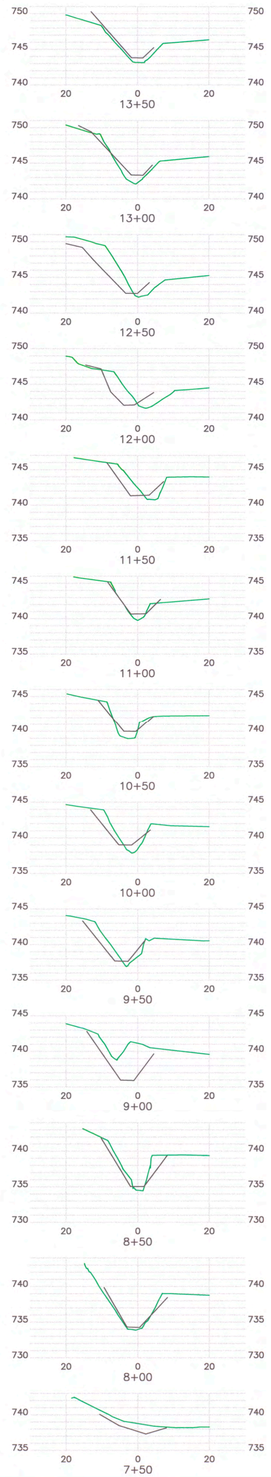
TAYLOR CORP.

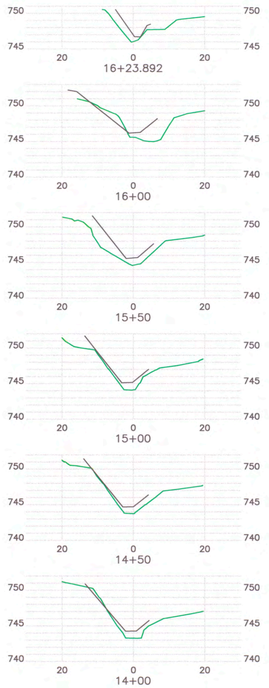
OXFORD, ALABAMA

No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell







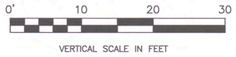
C DITCH

LEGEND

These standard symbols may be found in the drawing.

Concrete liner

Original ground



SHEET NO.

4

GIVEN UNDER MY HAND AND SEAL this the 28th. day of February 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 4 of 7

Scale 1 = 20'

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

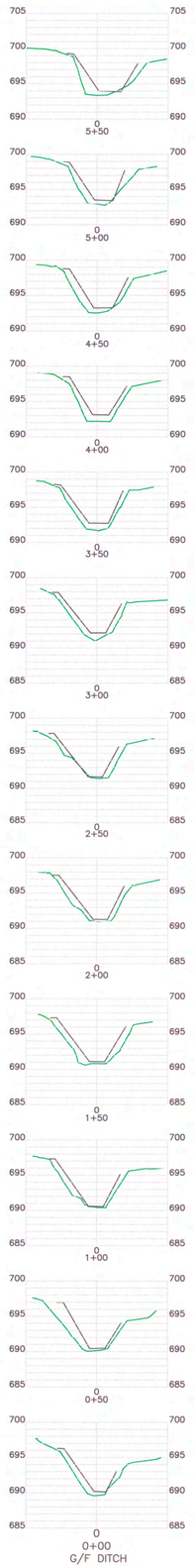
CLIENT

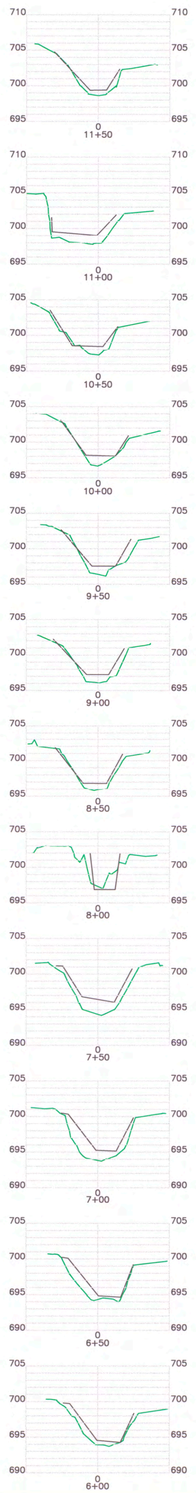
TAYLOR CORP.

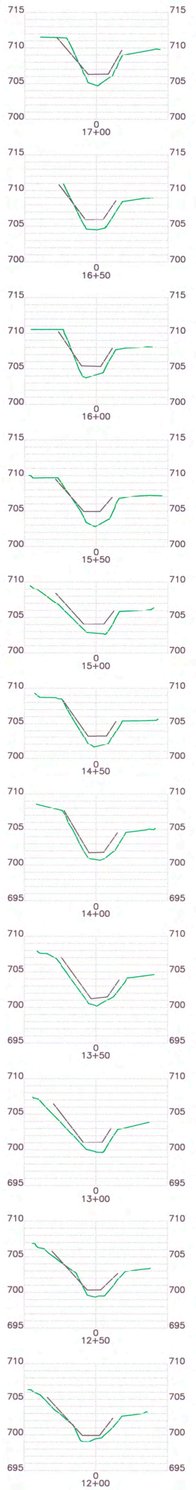
OXFORD, ALABAMA

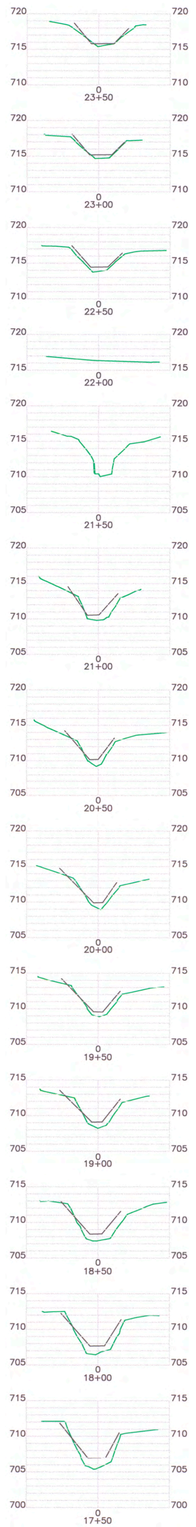
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hollis, Alabama 36264
(256) 846-5005 Cell









G AND F DITCH

LEGEND

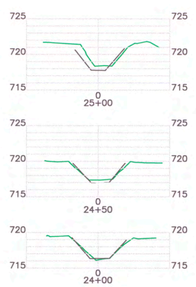
These standard symbols may be found in the drawing.

Concrete liner

Original ground

HORIZONTAL SCALE IN FEET

VERTICAL SCALE IN FEET



SHEET NO.

5

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Scale 1 = 20'

Sheet 5 of 7

TYPE OF SURVEY

EXISTING AND PREVIOUS CROSS SECTIONS

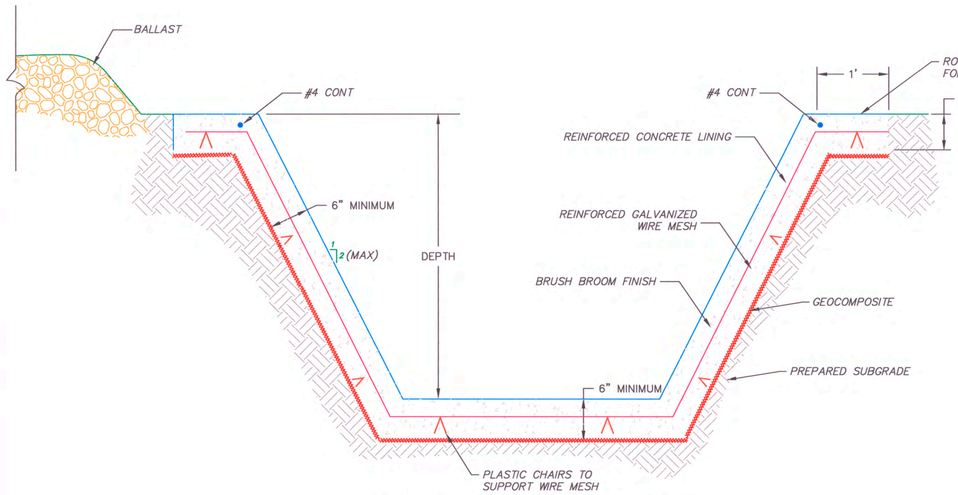
CLIENT

TAYLOR CORP.

OXFORD, ALABAMA

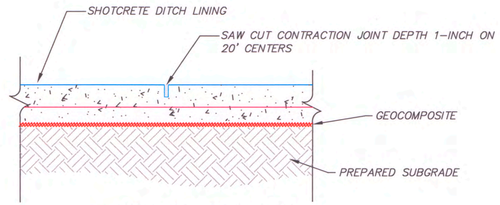
No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Heflin, Alabama 36264
(256) 846-5005 Cell



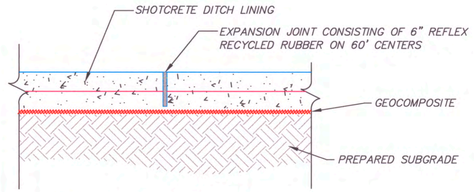
1/6 TYPICAL CONCRETE LINING SECTION

NOT TO SCALE



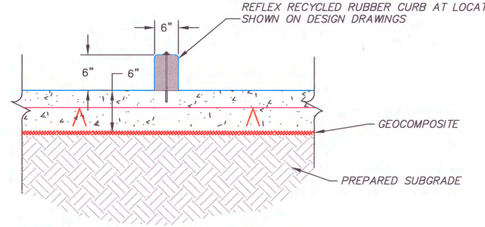
3A/6 CONTRACTION JOINT

NOT TO SCALE



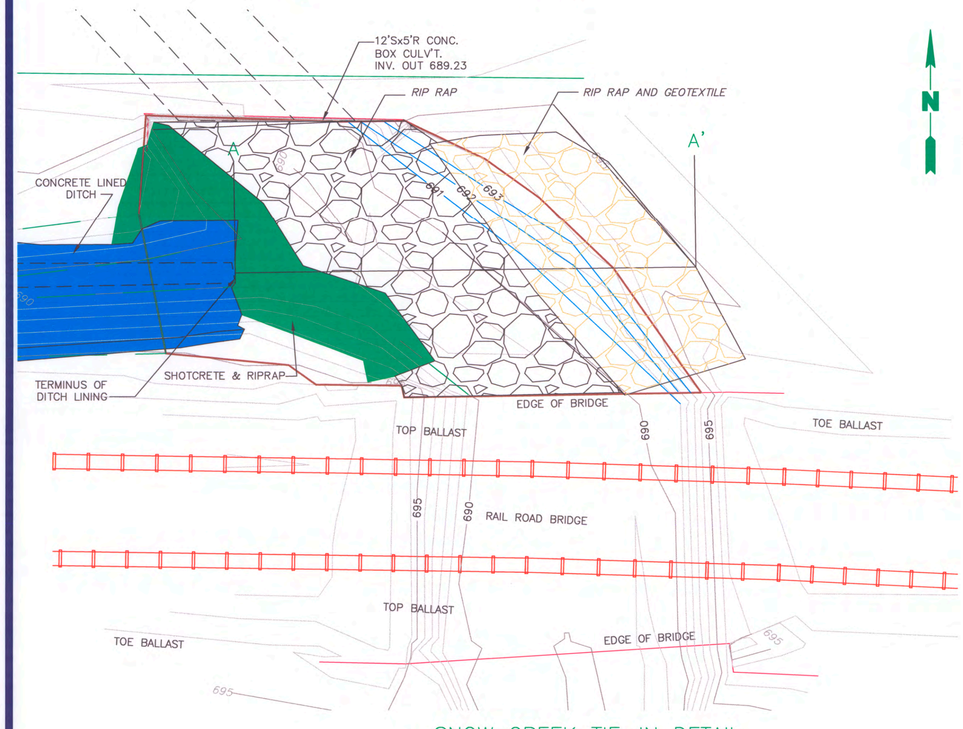
3B/6 EXPANSION JOINT

NOT TO SCALE



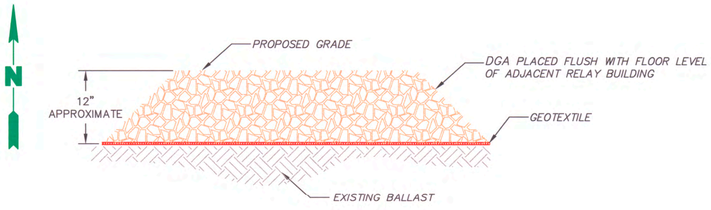
5A/6 SEDIMENT TRAP SECTION

NOT TO SCALE



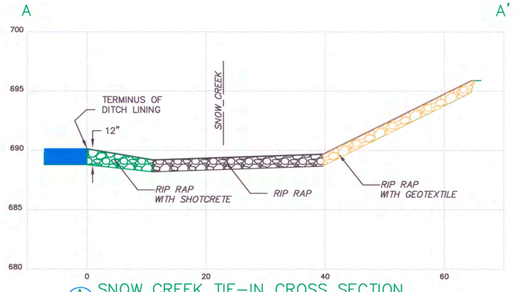
2/6 SNOW CREEK TIE-IN DETAIL

10' 0' 10'

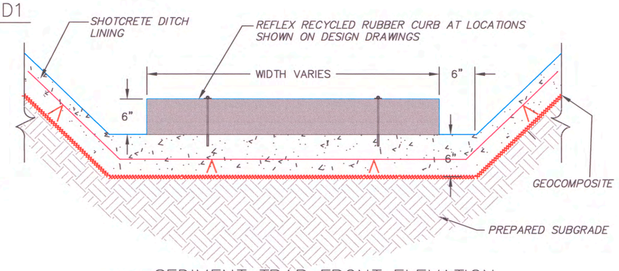


4/6 ADDITION OF GRAVEL IN DITCH SECTION D1

NOT TO SCALE

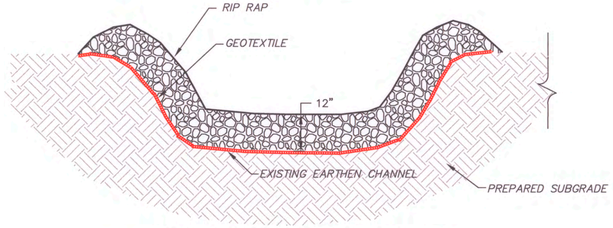


A/6 SNOW CREEK TIE-IN CROSS SECTION



5B/6 SEDIMENT TRAP FRONT ELEVATION

NOT TO SCALE



6/6 VEGETATED CHANNEL RIP RAP

NOT TO SCALE

LEGEND

8/7 DETAIL/CROSS SECTION DESIGNATION

FIGURE NUMBER WHERE DETAIL/ CROSS SECTION IS PRESENTED

DETAILS PROVIDED BY:

ROUX

ROUX ASSOCIATES, INC.
Environmental Consulting & Management
1222 Forest Parkway
Suite 190
West Deptford, New Jersey 08066
1-800-966-ROUX

SHEET NO. 6

GIVEN UNDER MY HAND AND SEAL this the 28th day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH
ANNISTON, ALABAMA

Scale 1 = 20'

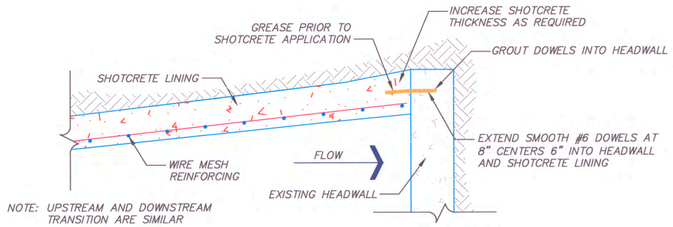
Sheet 6 of 7

TYPE OF SURVEY DETAILS

CLIENT TAYLOR CORP.
OXFORD, ALABAMA

No.	Revision/Issue	Date

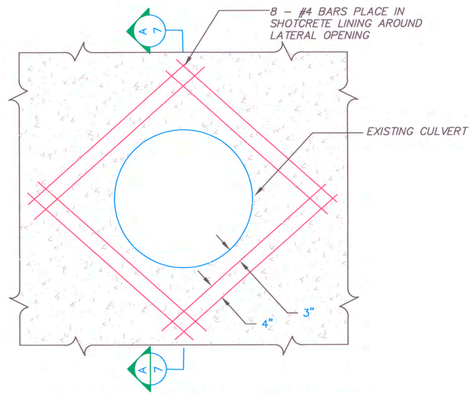
Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hefling, Alabama 36264
(256) 846-5005 Cell



BOX CULVERT TRANSITION
WITHOUT WINGWALL HALF PLAN VIEW

1/7

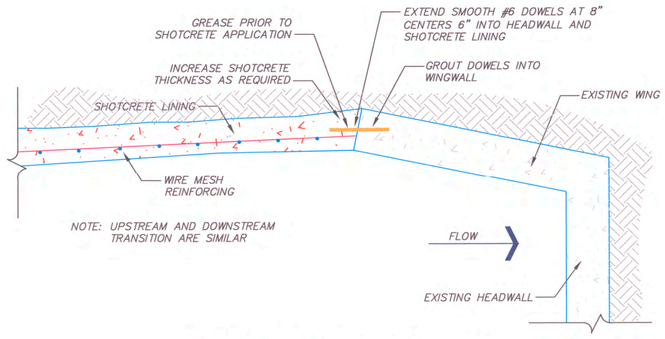
NOT TO SCALE



CULVERT (LATERAL) TRANSITION
FRONT ELEVATION

4/7

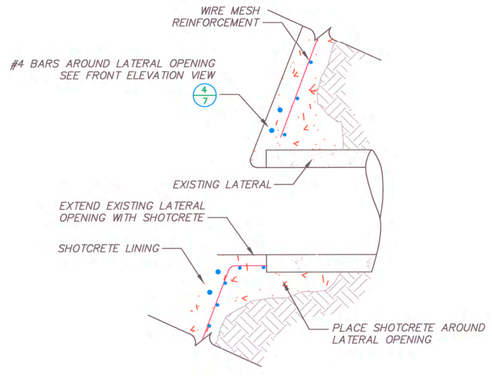
NOT TO SCALE



BOX CULVERT TRANSITION WITH
WINGWALL HALF PLAN VIEW

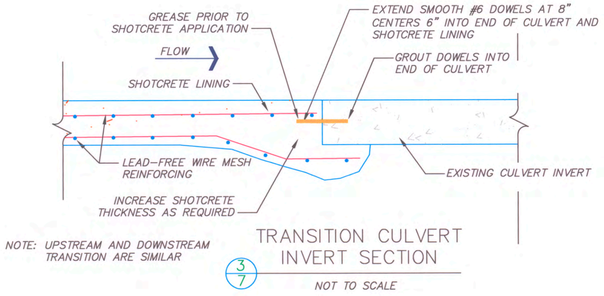
2/7

NOT TO SCALE



A/7 SECTION A – A'

NOT TO SCALE



TRANSITION CULVERT
INVERT SECTION

3/7

NOT TO SCALE

DETAILS PROVIDED BY:

ROUX

ROUX ASSOCIATES, INC.
Environmental Consulting & Management
1222 Forest Parkway
Suite 190
West Deptford, New Jersey 08066
1–800–966–ROUX

LEGEND

8/7 DETAIL/CROSS SECTION DESIGNATION

FIGURE NUMBER WHERE DETAIL/ CROSS SECTION IS PRESENTED

SHEET NO.

7

GIVEN UNDER MY HAND AND SEAL this the 28th. day of February, 2005.

T. SHAWN TAYLOR
ALABAMA PLS REG # 25298

T. SHAWN TAYLOR 25298 REGISTERED ALABAMA PROFESSIONAL LAND SURVEYOR

NOT VALID WITHOUT RED SIGNATURE

TLS PROJECT NO. 04-029

DRAWN DDM | CHECKED ST | DESIGNED | REVISED DDM | APPROVED ST

Project Name and Address

11TH STREET DITCH

ANNISTON, ALABAMA

Sheet 7 of 7

Scale 1 = 20'

TYPE OF SURVEY DETAILS

CLIENT TAYLOR CORP.

OXFORD, ALABAMA

No.	Revision/Issue	Date

Taylor Land Surveying Inc.
Surveyors * Planners * Consultants
102 Co. Rd. 142
Hollis, Alabama 35754
(256) 846-5005 Cell

APPENDIX J

BMP INSPECTION AND CERTIFICATION FORMS

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary 11/5,

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date					8/5/04	8/6/04	8/7/04
Rainfall					.09	∅	∅

Sampling Information

Sample Type: ~~Grab~~

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

8/9/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, AL

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/8/04	8/9/04	8/10/04	8/11/04	8/12/04	8/13/04	8/14/04
Rainfall	0	0	.01	0	.12	0	0

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elder
Signature

8/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, AlA

NPDES Permit Number: ALR

Weekly Rainfall Summary 12 13 14 15 16 17

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/15/04	8/16/04	8/17/04	8/18/04	8/19/04	8/20/04	8/21/04
Rainfall	ϕ	ϕ	ϕ	.01	ϕ	~~.10~~ IN .31	ϕ

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance: Polymer lined ditch in C section function well with no required maintenance.

Planned Corrective Action: Install hay bales at pipe inlets & check dams in C ditch 9+00-13+00

Corrective Action Schedule:

Complete by 8/20/04 – operating as expected after 8/20 rain

Other Comments:

Signature

8/23/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/22/04	8/23/04	8/24/04	8/25/04	8/26/04	8/27/04	8/28/04
Rainfall	ϕ	.02	ϕ	.77	ϕ	ϕ	ϕ

Sampling Information

Sample Type: (8/23/04) 3 Point Composit by Genesis Env Solutn

Location: C Ditch 1+77

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

8/28/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, Ala.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	8/29/04	8/30/04	8/31/04	9/1/04	9/2/04	9/3/04	9/4/04
Rainfall	ϕ	ϕ	ϕ				

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Voss
Signature

9/4/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch

Site location (City, County, State): Anniston / Calhoun / Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/5	9/6	9/7	9/8	9/9	9/10	9/11
Rainfall	0	.03	1.27	.01	0	0	0

9/5-9/11

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily's

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaza
Signature

9/11/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: Sun 9/5/04

REPORT NO.: 32 | 122

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other

TEMPERATURE:
MAX 87 MIN 68

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: Mon 9/4/04

REPORT NO.: 33/121

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 83 MIN 72

PRECIPITATION:
INCHES .03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No work
(Holiday)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: tues 9/7/04

REPORT NO.: 34 / 120

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain. Some work- maintance

CLASSIFICATION: CLASS Other

TEMPERATURE: MAX 76 MIN 71

PRECIPITATION: INCHES 1.07

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. - Flocking System 4400, backhoe, Container truck
b. 2 oper. 1 labor,
c. 2 drivers Supervisor
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A.) Have been pumping water through flocking system making sure ~~the~~ Checkdams are in place. 4400

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

I - Checkdams 4400
F working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Check dam to make sure holding sediment correctly

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Pump water through fracking System

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Relay due to weather.

3 loads Rock delivered to property behind Lafarge for mud control

Hauling loaded cans to 3 corners

T/T 30

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Watch Step. Things Slippery because of rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 7/31/07

REPORT NO.: 35

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 75 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp - Excavator, Dozer, Backhoe, Pickup
b. (A) 3+00 (D)
c. (A) 6+40 - 11+11 (C)
d. (A) 11+00 - (B)
e. (A) (B)
f.
g.

Superior 7 laborers
Dozer 3 Backhoe
2 drivers
1 Pickup
1 ATV

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) [illegible] 3+00 Ditch
(A) [illegible] 11+70 - removed and hauled up area in C ditch
(A) [illegible] Dozer running in B ditch at 11+00
(A) Fill in D ditch 3+00 with rock

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(Thurs) [illegible] to pour concrete - inspected fabric - good condition

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 9/9/04

REPORT NO.: 36 | 11

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 86 MIN 43

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp- concrete truck, Concrete mach.	1 Superintendent	6 finishers
b.	Apx 10+85 (E)	backhoe, PC200LL,	1 Mechanic	2 drivers
c.	21+00 - 13+00		3 oper	1 laborer
d.	8+90 - 8+00		opg	Fred - Galley
e.			N/S	Meredith
f.				Don Williams
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

apx 10+55 - shotcrete
9+50 - forming and removing rock and dirt
21+00-13+00 clearing area

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(I) Inspected down to top concrete to rail ht. 5+37. Satisfactory
(F) Checking grade - (F) correct
(I) Checked pour - noticed problem. Notified provider. Follow in order Pulling from form to meet adj.
(I) Pressurized (Water Dept) - no leaks - covering and checking in morning

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Test
8+50 100% 14 in stone
7+90 100% 12 in 1 1/2 in stone
7+40 94% 12 in 1 1/2 in stone

6+80 to 6+40 1 day 15 in 91%

3 concrete cylinders
Slump 1 1/2
Temp 90

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

* Refer to Remarks - Randy Wyatt Suggestions

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

* 30 min Train Time
* Removing of tree caused pipes to rupture. Water dept called in to repair.
* adj - made to accomodate N/S Per Randy Wyatt +/- 2" didn't meet 30" app. Mike Hollis
* 4 loads (2) 4 (2) 24 Stone - Stored on D-Con pad
*

29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

material - pick up after completion

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 3/1/17

REPORT NO.: 9/10/04

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 90 MIN 64

PRECIPITATION:
INCHES 0

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

a. Taylor (17+00)(4+50 - 9+00)(6+50)(3+60)(7+5-7+15) 8 labor EPA
b. Equipment, 350, Backhoe PC200 LC, 310SG EX200LC Supervisor m/m non
Concrete Trucks, 1yd Conts. Mixtrucks, 3T 2 drivers elec
c. 3 oper.
B. Anniston Water Works - 13+00 5 finishers
C N/S - Brian Robert C+S mechanic
e. Tommy
f.
g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(B) locating 4+65 - relocating Signal B

Shotcrete
Laying form 8+95 - 5+00
Removing soil to holding area and landfill 5+50 -

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric - OK (S)
Cement - Slump 4 1/2 (S) - 3 cylinders

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genisis Taking Sample 6+50 RR
Slump 4 8901 8+30 - 8+90
Air monitor OK 2.8 ug/m3 TWA 018.3
7:25 max 232.9 ug/m3
9:00 min 044.0

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

RR - relocating comunication letter Box

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delays due to RR, due to communication device being 4ft instead of 22in, 34 min (Train Time)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be alert for trains. Always keep observation of surroundings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/11/04

REPORT NO.: 38/116

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 89 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

Taylor Corp. ex200LC PC209 backhoe	3 drivers
cement trucks, container trucks	2 opr
Dorn Williams D2 B1 B1 B1	7 labors
0+00, 4+00, 1+00, 9+00	5 finisher
	RWC
	Tommy
	Extract

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Pouring (shotcrete) 4+00 — 0+00
(A) Forming 5 +25 — +
(A) Removing soil from area 1+00 — 3+00
(A) Density Test +
(A) Taking grade
(A) Wrecking form 9+00

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Slump - (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 91 dry moist 20 % 100 (5+15)
94 dry moist 17 100%

Dtr Rem Avg 059.4 ug/m3
max. 105.1
min. 036.2
ET 8:00
TWA - 024.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Foundry detour

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Tunnel under RR per Ronnies direction. Insulated pipe so not to short line.

37 m.t/t

Be aware People protesting

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Proper placement of tool not being used. People made aware.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp.

Facility Street Address: 11th street Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: NA **County:** Calhoun

Latitude: — **Longitude:** —

Township, Range Section(to nearest ¼ section): Anniston AL

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached. NA

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule) See inspection & maintenance report

Based upon the inspection of (Date and Time) _____ **which I or personnel under my direct supervision (list:** — **) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	Kay Vaughan	9/18/04
Name of Responsible Official	Signature	Date

_____
Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11ST Ditch Project

Site location (City, County, State): Anniston, Calhoun, Al.

NPDES Permit Number: ALR _____

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/12	9/13	9/14	9/15	9/16	9/17	9/18
Rainfall	0	0	0	.08	.02	.04	.0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

9/18/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/12/04

REPORT NO.:

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 88 MIN 72

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

Sunday
No work

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/13/04

REPORT NO.: 401 114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 79 MIN 69

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 1+00, PC200LC backhoe — 3 Oper.
b. Entact 3+00 | 4+75-4+10, 5+90-5+30 — 6 Fin. Labors
c. Anniston Water Dept. 1+10 — 5 Labor
d. — 1 H+S
e. — 1 Supervy.
f. — Tonny
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Shotcrete 4+75-4+10
forming 5+90—

(B) samples - 3+00
(C) N/D - burst meter

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Slump Taken - Concrete

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Slump 2in 89%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Checking grades

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Track Time 20 min

Water to Lafarge booster - annision water Dept.

3:15 - 1:30 -

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be aware when train approached

Clear ditch

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/14/04

REPORT NO.: 41 / 13

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 69

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp / backhoe, 1 IWI container truck, PC200LC, B50, Concrete trucks — 6 labor, 5 finisher, 1 Supervisor, 1 RWIC, EPA, M/m-Randy
b. 1+60 — ~~9+~~ 2+20
c. 9+00 - ~~8~~1+00
d.
e. B. Anniston Water Dept.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

A) wrecking form 9+00 - 4+17
tunnel for ~~shotcrete~~ 3+25
forming 1+~~60~~ — 2+20
Shotcrete 1+60 - 2+20

B. Finish Repairing water problem

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(I) checked for holes in fabric

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

DataRam -
avg. 020.1 ug/m3
max 242.1 ug/m3
min. 012.1
ET 9:00
TWA ~~00~~ 021.5

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Taking Samples and Pictures of foundry debri

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shot top of form to top of track was (OK) per Randy Wyatt Water dept. finishing problem with busted meter.
Work going fine except delay due to bust water to Lafarge

Track Time (24 min)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Slopes in area 1+60 – 2+50 in Slippery on rock. Must use extreme caution.
Be mindful in areas in Section also do to being so close to crossing

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/15/04

REPORT NO.: 42/112

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 76 MIN 69

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp – B50 concrete trucks — 2 drivers
b. Back hoe, EX200LC — 2 oper
c. 2+20 – 4+20 — 5 labor
d. 21+00 (E) — 5 finishers
e. — Supervisor
f. — (EPA/RWIC/ m-m Randy)
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2+20 – 4+17 – Shotcrete
21+00 – removing debri
21+00 – Key check dam – 6 bikes

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Geo matt – Satisfactory
Lin mesh – (S)
fo. n- mets requirments

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Ran – Dataran NO9 needed
No density test today

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Getting prepaid for weather (Hurricane)
check dams
BMP Plan

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Truck Time 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

watch footing due to rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/16/04

REPORT NO.: 43/111

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 76 MIN 70

PRECIPITATION:
INCHES 4.48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No Work
(Hurricane)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(A) Inspected area - Secured everything

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/17/04 | REPORT NO.: 44 | 110

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS E

TEMPERATURE: MAX 84 MIN 66

PRECIPITATION: INCHES 0.03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. (equipment) Backhoe Flocking System
b. 21+00 — C3 ditch 8750 FY2000
c. 6 labor Tommy
d. 1 Supervision
e. 1 Pkup
f. 2 dump trucks
g. 2 Gen

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) making some checkdams and in place and working properly 21+00
(A) Spreading gravel + — +
(A) Pumping water through flocking system - Handicap Ditch
(A) D-ditch laying riprap-checkdams
(A) C-8750 checkdams

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

checkdams - replace

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N/A

Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Remove debri brought in from water and wind.
Repair Checkdams due to heavy rain

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delays due to hurricane.

Track Time 7 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be extra careful due to rain and wind. Weather washed alot of debris in (work) area.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/18/04

REPORT NO.: 95/109

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS F

TEMPERATURE: MAX 83 MIN 59

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp: 21+00(E) - 13+00 — 2 oper, 2 driver, 5 labor, Supervisor, RWIC, Tommy
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) 21+00 laying form, removing soil from embankment
13+00 checking grade

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

checking grade 13+00

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Rpts - S/T 7.23 avg/041.1
E/T 7.00 Max/085.0
TWA 016.6 Min/000.0

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

laying gravel in + Sec

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO concrete today, forming 21+00 — in prep for mond

36 min Tack Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Be careful on steep embankment — watch & listen for trains

Longer ladder

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11 St Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached. N/A

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) _____ **which I or personnel under my direct supervision (list:** ✓ **) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Signature	Date
	Kay Vaughan	9/13/04

Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11th ditch

Facility Contact/Title: Ray Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): Anniston

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11 acres

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 9/17/04 5:00pm **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Signature	Date
Ray Vaughan	Ray Vaughan	9/17/04

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): C Anniston, Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/19	20	21	22	23	24	25
Rainfall	Ø	Ø	Ø	.02	Ø	Ø	Ø

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vega
Signature

9/25/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/19/04

REPORT NO.: 44 / 108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.

CLASS B Weather occurred during this shift that caused a complete stoppage of all work.

CLASS C Weather occurred during this shift that caused a partial stoppage of work.

CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.

CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.

OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 81 MIN. 55

PRECIPITATION:

INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

No Work
Sunday

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

SAFETY: *(List any infractions of approved safety plan, safety manual or instructions ... er. ...ify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/20/04

REPORT NO.: 47 / 108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 81 MIN 54

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. — 1 Supervisor
b. Equipment (Ex200LC, PC200LC, container trucks, Shotcrete shooter, backhoe, Datsram) — 1 EPA
c. — 1 M/M
d. 21+00(B) Hertz — 4 finisher
e. 13+00 — 4 labor
f. — 3 oper
g. — 2 drivers

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Shotcrete - 21+00(B)
Laying fabric & forming (B) 18+50 - (E)
watering Roadway (B)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

fabric (S)
line mesh (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 3cy. 2nd truck 20+00 - 103 16.4 moist
Slump 1" 81° 21+00 104 16
18+05 105 14
17+55 105 13.5

DataRam
Avg - 2031 kg/m3
max - 2753
min - 1900
S/TS: 19
ETS 8.00
TWA 221.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Start C ditch first thing in morning

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

water down roadway

15m Track Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Use Sledge Hammers properly

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ugo

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/28/04

REPORT NO.: 48 /107

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 59

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp — Concrete trucks — equipment - BSO 37P Backhoe, Ex trucks, PC200LC
b. Anniston Water Dept 15+50
c.
d. 20+40 (B) - 15+50; 17+00 (C) - 7+80
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

1) 20+40 (B) Shotcrete
2) 21+00 (B) blocking form
3) 17+00 (C) starting to dig in this area
4) 15+50 (B)
5) Water dept 15+50 (B) - fixing water lock
6) 17+00 - 7+80 - running drain pipe along fence line

Supervisor
3 oper.
1 driver
3 finishers
6 laborers
1 mechanic
1 EPA
1 M/M

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

APCO ditch - check to get ready to shotcrete ditch

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - Aug. 021.5 ug/m3
Max. 541.2
Min. 008.5
S/T 7.45
ET 7.00
TWA 010.1 ug/m3

Density 16+55 (D) 102.5 (M) 14.7 96%
16+05 102 14.8 96%
15+60 102 15.5 97%
15+10 105 15 98%
14+15 104 15.2 98%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

run drainage down fence line in Ditch for proper drainage

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

No incoming materials

Truck Time - 22 min

Cut 3 sections poured

formed to 16+55

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Caution getting out of ditch

Very steep slope.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/22/04

REPORT NO.: 49/106

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 83 MIN 59

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp - APCO ditch — Trencher, Backhoe, DC 200LC — Superviser, 3 oper, 4 driver, 3 finisher, 5 labor, 1 mechanic, 1 EPM
b. RR personal
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

A) apco ditch - Shotcrete - no forming else laying riprap
A) ~~Continue forming up~~
(B:) Locating Signal cable

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

made sure no leaks in drainage pipe

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dust Ram Avg 13.9 ug/m3
TWA 0072
MAX 073.9 - 01.9
min 0000
ET 9:00
ST 722

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Dig trench to relocate Signal (KR)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Ran upon busted hose on Reuse Approved pipeline

No material delivered

Concrete delivered APCo ditch

24 mm Track Time

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

(None)

Use caution when working on APCo property.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/23/04

REPORT NO.: SO/105

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 87 MIN 56

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp - APCO Ditch 12+50, 3+80	(Equip)	EX200LC	Superviser
b.			Backhoe	3 oper.
c.			Backhoe	1 driver
d.			Container	3 finisher
e.				4 labor
f.				1 Rock Arch.
g.				1 EPA - Tiffany

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Relocate utility cable 14+23 —
12+50 - test dig
14+23 Digging trench for utility cable
3+80 - shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(RR)
Inspect area for relocating utility cable.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dutch Cone

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Stay with 15 foot running utility cable

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Load of 24in Riprap,
Getting Signal Cable in trench

Track Time

20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Zero Tolerance - watch for trains

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/24/04

REPORT NO.: 51 / 104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 86 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp: (C) 16+23-(W) (B) 15+50(E) (Equipment) Ex200LC
b. RR Personal — Container trucks
c. Gallet — Dump Trucks
d. — B50
e. — Backhoe
f. — Dara Ram
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Trench to relocate utility cable 16+23(W)
(A) 15+50(E) forming
(B) adjusting Switch
(C) Gallet - Slump

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

(P) Sampling of trench 12+50 to check for possible water
(I) None
- Continue with trench

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - S/T-9.54
G/T-3.00
TWA-031.8
min-009.6
max - 782.5

Slump 4th Truck
2½ 88°

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

28 days (Core) 18+15 – 18+50 (B)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Concrete finishers were shorthanded. First load set up quickly. Don Williams requested core be done 28 days.

Track Time. 27 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Watch for wire

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 9/25/04

REPORT NO.: 52/103

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 85 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 11&0+23 (C) (Equip) Ex200LC Supervisor
b. 13+00 (B) Data Ram mechanic
c. Compactor 1 driver
d. Backhoe 3 oper
e. 6 labor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

11&0+23 - digging and filling trench - compacting
13+00 - forming

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Dug 22in to locate cable to tie in to utility

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - Avg. 119.8
max 01.5 B
TWA min 013.8
01 F.3 S/T 1:15
ET 8:00

Density - 12+95 (C) Utility ditch
Dry - 125.5
Moisture - 120
100%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Due to weather - pouring sand spreading and compacting to make sure covered.

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Hose busted on eqiupment - short delay

Sand brought in to fill trench

clay brought in also to fill trench

Using trencher to make 10ft dig so not to cause cavein ok by Randy Wyatt from Oakes

Track Time 27 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto 11st ditch

Site location (City, County, State): Anniston, Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/26	9/27	9/28	9/29	9/30	10/1	10/2
Rainfall	Ø	0	Ø	Ø	Ø	Ø	

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

10-2-04

Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/26/04

REPORT NO.: 53102.

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 84 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e.
f. NO work
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/27/04

REPORT NO.: 54 (10)

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 84 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 18+00, 14+15(E)
b. Fish Wildlife – 0190
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Shotcrete 18+00(E) B ditch
(A) Forming 14+50 (E) B ditch
(B) Taking Samples Grab over 50 cm

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Materials - Satisfactory.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Fish and Wildlife (NA)

Dust, Ra -
TWA 025.4 mg/m3
min 000.2
max 428.9
Avg 033.2

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Wildlife personal taking sample - NO decon suits.

Relay - NO dig in C ditch due to waiting on RR personal to finish tieing in utility cable.

(Track 21.)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

Wildlife - no decon suits in our SD 0+90

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/20/94

REPORT NO.: 55 1100

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 68

PRECIPITATION:
INCHES ϕ

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor C.F. 0+00 (B) 18+00 (E) — Supervisor
b. 16+50 - 15+60 — 4 laborers
c. — 1 mechanic
d. — 2 dump
e. — 1 grader.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) B-ditch 0+00 ~~to~~ Excavating in over 50 areas. Used proper decon Procedure. filling with 4in rock to bring it to proper level.

(A) 13+00 (E) laying form, wire mesh.

(A)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

APCO (Steve) inspected ditch very satisfied.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

D... R.
ST 7:25
ET 5:00

Avg. 128.0
max. 5588
min. 000.0

TWA 0762

Sl. 1 1½ 89° 16+80
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Dig in OIC SO. Made sure proper PPE is worn and decon procedures are followed

Track 23

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 9/29/04

REPORT NO.: 56/99

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp	(B)15+00(E)	Supervisor
b.		(B)0+23	4 finishers
c.			6 labor
d.			1 mechanic
e.			2 oper
f.			1 driver
g.			

	320LC	
	Backhoe	
	850 / 1FS	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

15+00(E) - Shotcrete and finish forming
0+23 (B) Excavating, Shaping and filling with rock.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Chris, Don, Mike, Kandy, Ronnie walking site

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - refer to air monitor Log

Slump 3 1/4

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

None

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Decon Procedures being done correctly, Progress is moving along. Over 50 dig being filled in with rock to get ready to form

Track Time 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/30/04

REPORT NO.: 57/98

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 56

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B-13+50(E) Supervisor
b. B-0423
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 13+50(E) Shotcrete
(A) 0+23 forming

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rcvd - refer to air monitor daily log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Completed 2nd Lift Sec (B) 13+80 - 15+00
forming complete also in (B) 13+80 (E)
Fabric applied in 0123(B) at Eldyssdale

Track Time 32 hrs

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/1/04

REPORT NO.: 58/97

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 60

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 16+00 (B) - EAST — PC200LC
b. D4 — Backhoe
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

16+00 - Wrecking form, shotcrete
D4 + ~~ex~~ shooting elevation, excavation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ran
Refer to Air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 19

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp

Facility Street Address: 11st ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 5:00 pm 10/2/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ _____ 10/2/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston, Calhoun AL.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	10/3	4	5	6	7	8	9
Rainfall	0.01	0.01	0.01	0	0	.05	.05

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily's

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Wagner
Signature

10/10/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/6/94

REPORT NO.: 54 | 96

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS (D) A

TEMPERATURE:
MAX 94 MIN 62

PRECIPITATION:
INCHES 1/2

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp DX1 & 330 Hitachi 450 Excavator
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

DX1 & HSP - finished excavation & laying culvert
B.C.I. #30 - working form

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NONE

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress in DCI trenching. Completed [illegible] Ready to start boring.
Setting up thrust to continue Mandrel.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/3/04

REPORT NO.: 60195

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 82 MIN 66

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. Sunday No work
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/4/04

REPORT NO.: 61/69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 85 MIN 52

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 1250 LC 01 (3) PC Trucks
b. Trucking (2) Backhoe
c. 330
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) Haul dirt to spoil area
(b) Trucking - spoil area

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density
Old 1 Eng 3 TWA
[illegible]
[illegible]
[illegible]

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Trenching ...

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/5/94

REPORT NO.: 62/93

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 64

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp -	1+16 (D4) - Forming	PC 200LC	5 formers
b. RR Signal Personnel	7+70 - 9+00	B-50	3 finishers
c.	1+58	EX200LC	3 laborers
d.	2+36 - (E)	Backhoe	1 mechanic
e.		Watering equip	1 driver
f.		Dump Truck	Supervisor
g.		Concrete trucks	

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 1+16 - Forming
(A) 7+70 - 9+00 excavation, compacting
(A) backfill on Roadway
(A) 1+58 - wrecking form
(A) 2+36 (A&E) - Shotcrete
(B) RR - Tieing in Utility Cable

1 Tornado warning (Mckenzie)
4 Containers (7+90-9+00)

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Plastic
Refer to

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

2155 - All but one Section completed 54 yrd. Concrete
8100 - Drainage Pipes exposed. Ready to be removed.

Track Time
17 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/6/04

REPORT NO.: 65

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS H

TEMPERATURE:
MAX 85 MIN 57

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp 0+58	4200 LC	5 formers
b.	7+80 - 10+50	PC200 LC	3 finisher
c.		Backhoe	3 Oper
d.		B50	1 mechanic
e.		Dump Truck	1 driver
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

7+80-10+50 excavation, forming, elevation
0+58- Shotcrete-finishing

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to Air monitor Log

Density 8+25 99% 18%
8+75 98% 17%

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Excavation completed to 10+50-d-
form completed to 9+00-d-
D4 Sec. completed

(McElroy)
3 tandem loads
5 container
-1 load 4in modified

Track Time
24 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

9:00

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 19 7 04

REPORT NO.: 64 191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 73 MIN 61

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 7:30-11:00
b. Genisis
c. Gilbert
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp - forming, excavation, backing form
(B) Genisis - Taking Sample
(C) Density

4 container loaded
2 Tandum loads delivered

45 yrd concrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genisis
Taking Sample

Density
100% 17% 10060
100% 16% 10190

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Excavation Completed to 1400

forming to 9:50

Things progressing Great.

2 Tandum load
4 containers

T/T
30min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)

(ER 1180-1-6)

DATE: 10/8/04

REPORT NO.: 60/90

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 74 MIN 58

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Forming 9+50 Ditch
Excavating 11+00(W) Ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N

Data Ran
See Daily
Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(Reed) B50 Pump broke - calling company
1 Load 4' gravel
4 Containers loaded 11:00 (W)
3 tandum loads - Three Corners
Excavation completed to +
form completed to +

T/T 25 min

Hoyd Concrete

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/19/04

REPORT NO.: 66 [illegible]

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 74 MIN 62

PRECIPITATION:
INCHES 0.05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 9+15-8+80(E) — Supervisor
b. 14+00(W) - 16+63 — 3 finisher
c. — 2 labor
d. — 1 mechanic
e. — 3 oper.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

9+15-8+80-Shotcrete, forming-(W) +
14+00(W) - excavation

EX200LC
PC 200LC
mini Backhoe
185
Bobcat 763
Backhoe

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Rain Info.
(Rain)

Density (M) (D)
13+60(C) 100% 17.3 101.1
14+75(C) 100% 17.0 101.3

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Containers
(2) 13+60-16+00

Shotcrete remainer of Sec incompleted
finished excavation of that Sec C-ditch
formed to +

Concrete
24 yd.

I/I
17 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None. Tailgate meeting on safty plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/15/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	Kay Vaughan	10/5/04
Name of Responsible Official	Signature	Date

_____
Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsato

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835 1800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: N/A County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/9/04
which I or personnel under my direct supervision (list: _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Kay Vaughan Signature	10/9/04 Date

Title

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/10/04

REPORT NO.: 6-1/88

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS off

TEMPERATURE:
MAX 74 MIN 65

PRECIPITATION:
INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. Sunday
d. (No work)
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/11/04

REPORT NO.: 68

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 80 MIN 67

PRECIPITATION: INCHES .19

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 24+00(B)-B-
b. Barbers Ornamental 12+00(W)-C-
c. Taylor Surveyors 16+23(W)-C-
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 24+00-E-(B)-cutting excess fabric from edge of ditch.
(A) 12+00-16+23- laying fabric & forming
(W) Checkdam

(B) Serviced Port-o-lets (C) Topo

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
(Rain)
NO Info.

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO Concrete - Due to Pending Weather.
Got remainer of ditch covered with fabric

T/T 20 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None - Tailgate meetings to brief on Safty Hazards on Site

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/12/04

REPORT NO.: 69186

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 65

PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 10+00 - 9+30 C
b. ~~Gilbert~~ Gillet 11+20(W) 13+00 C
c. Action
d. Taylor Surveyors
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 10+00 - 9+30 C - Shotcrete
11+20 W - 13+00 C - Forming

(D) Taylor - Topo

(B) Gillet - See test Required

(C) Action Trucking - ~~Delivered~~ drop of containers and hauled to miss. (3) cans

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See Log.

Gallet Temp. 88
Slump 1"
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Action - dropped 6 cans, hauled 3 to miss.
Continued shotcrete Ditch. 2 Sec.
3 new hired
Got in 4 bulkheads and continued forming (W) to 13+00

50 yd. concrete

T/T 25 min.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/13/01

REPORT NO.: 10/85

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 67 MIN 58

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 1-420(W) LT40 C
b. 1-310(W) C
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

C 1120 LT40 - Shoring
C 1310(W) - Grading

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

2 more Sec. completed. Connect to Edith.
Forming is coming along very well in Edith, almost completed.
1 Manhole adjusted (Concrete)
Edith ring has started.

(Actions) IM 2500 (1) IM 2501G (1) IM 1 (1)

Equipment PC200LC, EX 400 LC, Backhoe, D 50

TTT - 31 min
(Concrete - 5 1/2 yd.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None. Tailgate meetings covering Precautions.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 10/4/01

REPORT NO.: 91/84

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 67 MIN 49

PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	12+40 - 16+25	Supervisor	Equipment
b.	Taylor Swingers		4 Laborers	330
c.	Kirkpatrick		4 Trackers	Excavator
d.	Action Resources		3 Flagmen	Pickup
e.			1 mechanic	Mini Backhoe
f.			1 Welder	Bobcat
g.			2 Oper.	D 6

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp. 12+40 to 16+25 - Shotcrete, Forming
(B) Taylor Swingers
(C) Kirkpatrick - Cutting Grate
(D) Action - Hauling Concrete to Site

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

1 hr. down time.

7 containers (1 yd) brought back. 1 (can) hauled to mtn.

T/T 25 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/15/04

REPORT NO.: RR 183

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 41

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp + + — 6 labor EX200LC
4 Finishers PC200LC
4 oper Backhoe
B-50
Flocking System
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

+ — + Shotcrete
25+00 - applying fabric (F-1)
23+46 - end of over 50 sec F-1 Compete- covered
Checkdam (Inlet & Sandbag)
C & B ditch throughout area Mucking for and cleaning liners.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
Sm Air monitor
Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Over 50 Sec excavated and covered(geo-) 25+00 - 25+46(F-1)
using flocking system in f-1 to redirected later flow

23+46 - Jute and sandbags

\+ - Digging under tracks for drainage.

28 yd Concrete

3 Cans loaded over 50
25007 } 25+00
25012 } E
25015 } 25+46

(McCartney)

7 load Rock (3) Pike - 77.81 (T)

(4) ~~McCartney~~ Harris 106.58(T)

TT 15 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/16/04

REPORT NO.: 73/82

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other

TEMPERATURE:
MAX 72 MIN 40

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. NO Work
d.
e.
f. Illness
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Chris became very ill.
Don added days back.

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11St Ditch

Site location (City, County, State): Anniston, Calhoun, AL.

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	10/4	11	12	13	14	15	16
Rainfall	.03	.19	.07	0	.01	0	0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vaughn
Signature

10/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch Project

Site location (City, County, State): Anniston, Calhoun, Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	17	18	19	20	21	22	23
Rainfall	0	0	2.18	.01	.01	0	.48

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaughn
Signature

10/23/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/17/04

REPORT NO.: 74 | 81

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS 0

TEMPERATURE:
MAX 78 MIN 49

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c. Sunday
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/18/04 REPORT NO.: 75/80

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 79 MIN 60

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 25+00 - 21+00 (equip) Backhoe, PC200LC, B50
b. Kirkpatrick 13+50 - 15+20 1 mechanic
c. C+B ditch Supervisor
d. 8 labor
e. 4 oper,
f. 1 driver
g. 4 finishers

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 25+00 - 21+00 - forming ~~Shotcrete~~ - excavation
(A) 13+50 - 15+20 - Shotcrete
(A) C+B ditch - Cleaning entire area of scrap materials

(B) Kirkpatrick - Delievering concrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density -
22+60 - P102 m 17 95%
23+05 - D1026 m 16.8 96%
6th Truck 14460 3 cylinders 82° 2" Slump

Data Ram
See Air monitor Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

25+00(E) forming is coming along very well.
13+50-15+20(W)- 3 Sec paved - 2 Sec left
21+70-2" Pump - redirecting water down stream
B&C - area cleared of materials and excess fabric

2 cans loaded
108549
107769

Concrete- 70 yds
TTT- 30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Tailgate meeting to cover possible Safty Hazards

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/19/04 REPORT NO.: 76/79

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS B

TEMPERATURE: MAX ~~78~~ 73 MIN 64

PRECIPITATION: INCHES 2.18

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	15+10-15+85	Excavator	Superintendent
b.	Action Resources	25+00 TE	PC 200LC	8 Labor
c.			D-50	4 Finishers
d.			Backhoe	4 Spotters
e.			Mini-Backhoe	1 mechanic
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+10-15+85 Synthetic
(A) 25+00- Apply lime mush, Grade Stakes
(B) Action Resources - 3 cons to Emelle - Brought back 2 cons (IDI)

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO QA monitor (Clean) NO Test

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 loads of concrete Poured. 1 Load returned due to Storms

work at a standstill due to weather.

3 Trucks
107770
75015
107772

T/T

27 yds - (9) yd return
(18) yds poured

15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None - Tailgate meeting to cover safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)

(ER 1180-1-6)

76 | 2 cpy | 77 | 78

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS E

TEMPERATURE:
MAX 75 MIN 64

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	15+50 (C)	Superintendent	PC200 LC
b.	16+63-15+50	4 Formers	PC200 LC
c.	15+20-15+85	4 Laborer	Mini Backhoe
d.		1 Laborer	Backhoe
e.		mechanic	
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+50 (C) - working form
(A) 16+63-15+50 - Forming
(A) 15+20- 15+85 - accessing water damage

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

I - working Shoring Rocking System is working Properly
Checking water pipes

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing
Required

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Accessing damage from heavy rain that came through.
Serious damage to shotcrete due to water under geo.

Delay in that area due to ~~se~~panel has to be pulled up

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Safety meetings.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/21/01 | REPORT NO.: 78/77

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS E

TEMPERATURE: MAX 76 MIN 61

PRECIPITATION: INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	Top of ditch	B-50	Supervisor
b.	Gallet	21+50 +	185	3 finisher
c.	Water Dept.	15+00	Ex200LC	4 Oper
d.	Taylor Surveyor	21+50	PC 200 LC	9 laborer
e.		24+40	Mini Backhoe	Mechanic
f.			Backhoe	1 driver
g.			P 37	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor Corp, 21+50 - Water Dept assists to test chlorine Sanitizer sys't.

(A)

(B) Gallet (Pump) - Temp Slump

(C) Water Dept 21+50

(D) Taylor taking grade

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Air monitoring - (wet)

Gallet
3½ Slump 83°
4th Truck
25+30 - 24+70 F1

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given re deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

15+20-15+85 Reformed Area, Reset bulkheads and getting ready to shotcrete in the morning.

22+50 F1 - forming around headwall.

T/T - 25min.

Concrete 73 yd.
2 load rejected Slump to low.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None - Tailgate meetings to discuss hazards.
Slips, trips, fall

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/21/04

REPORT NO.: 79 16

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 75 MIN 63

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor (Corp.) 15+20-16+80 Mini backhoe 8 labor
b. Monsanto w/HD 21460 21460 F-7 Backhoe 2 finishers
c. [illegible] Balch 21460 2400 PC200LC 4 oper
d. 1 driver
e. mechanic
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Taylor - 15+20-80 - Shotcrete
Grinding 21160 - Welding

(B) [illegible]

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

[illegible]

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

[illegible]

ENG FORM 696 [illegible]

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Getting grass seed-B- spread, finished wrecking form
Completed C ditch.
Progress coming along F ditch.

2 cans loaded over 50
107772
107770
3 cans lossthan 50
113100
113101 113095

18 hay-(checkdams)

TT-33 min.
89 yd.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meetings to discuss safty concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/23/04 | REPORT NO.: 80/75

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A, B

TEMPERATURE: MAX 73 MIN 60

PRECIPITATION: INCHES .48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp. 25+30-20+50 / 2	EX200LC	6 labor
b.		PC200LC	1 mechanic
c.		Backhoe	3 oper
d.		mini backhoe	1 driver
e.		weedeater	Supervisor
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 25+30 - 20+50 - 1 wall form, forming, shoring system

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram

See air log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

F-1 25+30 - 17+00
Wrecking form 25+30 (E)
forming F1 2 sec.
No concrete today
Checking grade - laying gravel
flocking system in place and 2' pumping out

T/T - 25mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss Safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11 acres

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/23/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughan 10/23/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	24	25	26	27	28	29	30
Rainfall	.02	0	.01	.03	.11	.01	.01

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

10/30/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

10/24/04 | 51 | 74

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 79 MIN 58

PRECIPITATION:

INCHES .02

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e. No work
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/25/04

REPORT NO.: 82/73

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 83 MIN 65

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	17+00 - Air monitor	PC200LC	Supervisor
b.	B Work Pamplona	18+50 (E) F-1	EX700LC	4 oper
c.	Alt. on Resources	20+40 (E) F-1	Backhoe	4 finisher
d.		19+00 - 17+50	B-50	7 labor
e.			185	Mechanic
f.			mini backhoe	2 drivers
g.			Air monitor	

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

17+00 - air monitor
18+50 - 6 Cans load - excavation
20+40 (E) - Forming
19+00 - 17+50 - compacting, spreading gravel
(B) cleaned Port-o-lets
(C) - Took can to miss. Rock Dropped one off.

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Data Ram
Sll air monitor
Log

	Density (D)	(M) F-1	
21+25 -	103.4	17.3	80° 3" Slump
(G) 20+70 -	102.6	16.8	3rd Truck
18+50 -	103.7	17.2	3 cylinders
17+60 -	107.5	16.7	23+00-23+50

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(20+40) - 3 Sec formed and ready to Shotcrete.
3 Sec poured (22+85 - 20+95)

(19+00 - 17+5) - compacting, placing gravel

(cans loaded)	Action Resources
107913	Pick up 1 can
107922	Delieved 1 can
107904	Had problem with can leaking.
107905	Opened can back up to apply stuff to
108555	Stop the leak.
107912	

54 yd. Concrete

T/T 29 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to discuss Safe working.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Wingo

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/25/04

REPORT NO.: 83 72

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 59

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	~~20~~-25+95	3 oper	EX200LC
b.	Workmans Comp. Inspection	19+75	4 finisher	PC200LC
c.		19+20	8 labor	D-50
d.			mechanic	185
e.			2 drillers	Backhoe
f.			Supervisor	minibackhoe
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 9+20 forming.
25+95-19+75- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

PVC pipe location to pump water to 13+00.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See air monitor
Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris has repeatdly spoke to LeoTruss Concerning Wearing his Safety glass. We purchased a pair just to accomadate his ~~or~~ prescription. He refused to wear them so if a injury occurs he has been warned. Workmans Comp will not be reponsible in this Situation. (per Chris Gr

3 Sec. Poured Excavation to 18+50(E)
3 Sec. Formed.

8 cans loaded
63 yd. concrete
TT 25 mins.

8 cans loaded
3 delivered on ~~Job~~ loaded - 3 corners

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meeting to discuss working Situation in tight locations.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Layne

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/27/04

REPORT NO.: 84/71

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 80 MIN 62

PRECIPITATION:
.03 INCHES

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	13+50	EX200LC	3 oper
b.	Gallet	20+50	PC 200 LC	4 finisher
c.		0+00 GS	B-50	11 Labor
d.		19+15-17+35	185	1 mechanic
e.			mini backhoe	Supervisor
f.			Backhoe	2 driver
g.			flocking System	
			2" Pump	

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 13+50 - excavation
19+15-17+35 - Shotcrete

(B) Density - Slump

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

See air monitor log.

(G) Gallet

3 cylinders
18+35 - 19+15
2" Slump 83°

	D	m	
13+00 -	104.5	16.5	98%
13+50 -	103.3	16.6	96%
13+75 -	103.5	16.8	96%
12+75 -	103.5	17	96%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Meeting to discuss issues.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

*Leo Truss has been warned repeatedly concerning wearing his safety glasses. He was furnaced glass to accomadate his situation. Yet he still is not wearing them. Per Chris Cay. He is not eliable for Workmans Com if any accidents due occur associated with this issue.

Excavation has reached 10+00.

On-site walk through - Don, Tommy, Mandeth, Chris, Tiffany, & Bld.

3 Sec. Poured
3 Sec. formed

(72yrd Concrete) (130.52 Tons Rock) (T/T 30 mins)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate Meeting
Working Tight Locations

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/28/04 | REPORT NO.: 55

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 80 MIN 65

PRECIPITATION: .11 INCHES

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	17+35-16+15	Supervisor	EX200LC
b.	11+50	3 Finishers	D50
c.	14+00	1 Labor	185
d.	0+00-	4 oper.	Backhoe
e.		2 drivers	PC200LC
f.			DataRam
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 17+35-16+15 - Shotcrete - covering due to rain
11+50 - Excavation
14+00 - Forming - Bulkhead
0+00 - walking site -

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
see air monitor
Log

Previous edition may be used until exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Concrete called off at 1:30 due to rain. 2-60ft Sec. pour sc
3 panels formed. Ready to pour.
Excavation complete to
Wrecking form C ditch. finish shaping up area.

47.50 yd. concrete 8 Haybales TT 30 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None Tailgate meeting to discuss Wet working conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/29/04

REPORT NO.: 86 | 69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS O

TEMPERATURE:
MAX 82 MIN 69

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp	N+60 @ G	11 labor	PC200LC
b. Gallet - 15+60	11+00-7+50 @ G	4 oper	B-50
c.		92 Finisher	185
d.		2 drivers	Backhoe
e.		1 mechanic	
f.		1 Supervisor	
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 15+60 - Shotcrete
A) 11+00-7+50 - excavation

(B) Gallet 15+60 - Slump 3 cylinders

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working Properly
flocking system in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Run
(Rain)

Slump 2' 85°
1500-1560
3 cylinders

Previous Edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shotcrete was delayed – wet
2 panels poured
3 panels formed
Tommy on site taking Benchmark Shots
Compacting as they excavate
Cleaning area
Short handed on finishers (2 ont.)

48 yds 1 load 24' Rock TT 26 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/30/04

REPORT NO.: 68

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 79 MIN 61

PRECIPITATION: INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	15+00	3 Oper.	PC200LC
b.	Gallet	11+00	9 labor	B-50
c.		7+50	2 finisher	Backhoe
d.			mechanic	185
e.				
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(G) 15+00 - Shotcrete
(G) 11+00 - form and Geo
(G) 7+50 - excavation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Gallet

No Dataram info (wet)

Previous edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Shotcrete complete from 15+55 - 14+35
Geo laid to 9+50
Form~~s~~ completed to 11+50
THEO excavation, compacted and gravel applied.
Excellent progress under wet conditions

54yd concrete T/T 35min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None Tailgate meet to discuss awareness.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th Ditch

Facility Contact/Title: Kay Vaughan

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/30/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official	Kay Vaughan Signature	10/30/04 Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto

Site location (City, County, State): Anniston - Calhoun - Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	31/04	1	2	3	4	5	6
Rainfall		.01	1.09	.11	1.01	0	0

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

11/4/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/31/04

REPORT NO.: 55165

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS O

TEMPERATURE:
MAX 81 MIN 62

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b. Sunday
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Previous Edition May Be Used Until Exhausted

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: TE 11/2/04

REPORT NO.: 89/66

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 65

PRECIPITATION:
INCHES 0 .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	11+00	Supervisor	PC200LC
b.		16+50	4 oper	B-50
c.		11+95	3 finisher	185
d.		13+80-12+00	9 labor	Data Ram
e.				
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

11+00 - Pictures
16+50 - Wrecking form
11+95 - Setting up
13+80-12+00 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams still in good condition
Hoses and pipes working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
See air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

(78yd Concrete) (TIT 28min)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/04

REPORT NO.: 90 (6)

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 80 MIN 70

PRECIPITATION:
INCHES 1.09

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 12t50 8t00 — 4 Oper, 9 labor, 3 finishers — PC200LC, Pumps 2', Backhoe
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

12t50 - Pouring 1 yd in Sec. incompleted from previous day
8t00 - finishing last form in that side at roadway.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams still in place and working properly
Jute dams in place for

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ran
(Rain)

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

9:00 - Rain set in. Pour 1yd in sec from previous day. Called off for day.
- Cleaning up pump, area, wrecking form.
While fixing a lip at inlet under RR. ran up on Criso, asphalt aggregate. Placed Jute checkdam and sand bagback in place.
Digging also delayed

TIT 15

(15 roll jute)
(15 Haybales)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE -

Tailgate meet to address Safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/3/04

REPORT NO.: 91/64

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 75 MIN 69

PRECIPITATION:
INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

Rain

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/04/04

REPORT NO.: 92/63

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 45 MIN 52

PRECIPITATION: INCHES 1.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. — 11 labor, Saws
b. — 1 mechanic, Backhoe
c. — 3 oper
d. — 2 drivers
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Wrecking form various Sec.
Cleaning area.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay today due to previous days weather.

T | T 20

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to cover working in cold conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/5/04

REPORT NO.: 93 | 62

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS D

TEMPERATURE:
MAX 75 MIN 45

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp various locations Backhoe 4 oper
mini backhoe 10 labor
b. 3 finishers
c. 2 drivers
d. Supervisor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Labors doing backfill

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working properly
Pipes and pumps working to direct water

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Test Net

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly technical meeting sheets, punch list

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Job still delayed due to huge amounts of water flow through G+F ditch. Pump in place but still an issue.

NO concrete or excavation due to said conditions

Crews filling in with clean dirt on various location and spreading gravel.

15 haybales

TT 35 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Proper PPE discussed in Tailgate

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/6/04

REPORT NO.: 04 11 61

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS E

TEMPERATURE:
MAX 72 MIN 36

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp various location — Mini Backhoe 2 oper; Backhoe 10 labor; Pumps mechanic
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Labor doing backfill

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly
Pumps in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test - Still wet No digging

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meetings, pump list

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Job still delayed due to water flow. Hasn't gotten bett
Pumps in place but cannot keep up.

20 Haybales

TT 20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting
Zero Tolerance
Safety first

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11st Anniston

Facility Contact/Title: Kay Vaughn

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: _____ **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☒ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/6/04 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughn 11/4/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street "Monsanto"

Site location (City, County, State): Anniston, Calhoun, Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/7	11/8	11/9	11/10	11/11	11/12	11/13
Rainfall	Ø	Ø	Ø	.81	.20	Ø	Ø

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vaga
Signature

11/13/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/7/04

REPORT NO.: 95/60

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 76 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. Sunday
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/8/04

REPORT NO.: 96159

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 38

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor - 12+05 - 10+95 — B-50 — 9 Labor
b. Kirkpatrick - concrete " " — PC200LC — 4 oper
c. — EX200LC — 1 mechanic
d. — 4 Backhoe — 3 Finisher
e. — 2 drivers
f. — Supervisor
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) H50 - installing conduit, laying gronet, taking grade
(B) Shotcrete delivery
(A) 12+05 - 10+95 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Grass is growing on bank of B-ditch
Checkdams are in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Data Ram

Density	D	M	%
7+10 -	104	17	97%
6+25 -	104.6	17.3	98%

11+55 - 10+95 - Slump 2' 75°
4th Truck 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Clearing Redkii from area.
2 panels poured, material applied 7+80

(T/T 25 mins) (54 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Safety meeting to discuss
Proper Care of hand tools

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/9/04

REPORT NO.: 97158

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 38

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp.	10+95-9+15	PC200LC	10 Labor
b. Gallet	7+50 - 6+50	EX200LC	5 Finisher
c.		Backhoe 1	1 mechanic
d.		Backhoe 2	4 oper.
e.		Bumps	2 drivers
f.			
g.			

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Shotcrete 10+95-9+15 G
(A) forming 7+50(E) -6+50E G
(A) Shaping 4+00 (W) - G
(A) Placing conduit for cable (RR) - 5+40
(B) Gallet - Pick up Cylinders

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checking pipes (PVC) for leaks
Grass coming up on B ditch,
Backfill in place C, b & D, G

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

Previous edition may be used until exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Chris contacted Kirkpatrick with concern of gradation. Engineer (BC) from Kirkpatrick guaranteed gradation (fax). Sec in question L.S 10+95 - 10+35 10+35-9+65 9+65-9+15.

Installing conduit for RR in cause in matter arises in the future with their cable system.

3 panels poured, 2 formed excavation to 12+50 (D) G

JR to fill pump up till 10:00pm.

(T/T - 22min)(91yd. Concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to address concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 11/10/04

REPORT NO.: 98157

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 70 MIN 39

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 3+50 — PC200LC — 2oper
b. Taylor Surveyor 10+35-9+15 — Ex 200LC — 2 driver
c. — Backhoe 1+2 — 3 finisher
d. — — 4 labor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 3+50 - Excavation
(A) 10+35 + 9+15 - Shotcrete

(B) Taylor Survey - as built shots

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams - jute - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to air monitor log

Slump 2½ 70° Sch. 40 (Gallet) 4th Truck

Previous edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

PC200 LC, backhoe - Shaping up

3rd Truck out of spec 4½ slump - truck was rejected

3 panels poured

T/T 20 mins (63yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Tailgate meeting to discuss safety.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/11/04

REPORT NO.: 99156

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION:
CLASS B

TEMPERATURE:
MAX 62 MIN 50

PRECIPITATION:
INCHES .81

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

3 Checkdams

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams installed 3 of 50

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Rain set in for day -

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/12/04

REPORT NO.: 100 | 57

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 70 MIN 35

PRECIPITATION:
INCHES .20

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp 7+50- Backhoe — 9 labor
b. 7+10-6+50 — 4 oper
c. — 2 drivers
d. — 1 mechanic
e. — 1 supervisor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

7+50- Pumps
7+10-6+50- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

NO finishers showed up

1 panel was poured

NO excavation - too much water

(20 haybales) (concrete 3 cy yd) T/T 28 mins

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ogg

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/13/04

REPORT NO.: 101 | 56

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 40

PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 7+70 - 5+90 — PC 200LC
b. 4+00 - 0+00 — EX 200LC
c. — WP140
d. — Backhoe
e. — DataRam
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 7+70-5+90 - Shot Crete
(A) 4+00-0+00 - Geomat, excavation, elevation

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place working Properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

~~Any~~. Refer to air monitor Log

2nd Truck to Dump Rejected

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay due to concrete being out of spec. 2nd truck rejected
Progress stressed due to finishers not showing for work.
Excavation almost completed. Water cap an issue.
3 finishers released due to attendence.

(TT 32 min) (TT yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None -

Held Safety meeting to discuss attendence

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th Street

Facility Contact/Title: Don Williams

Phone Number: 8351800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: _____ County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/13/04 12:00 Am **(list: _____) which I or personnel under my direct supervision conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Ray Vaga 11/13/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): Anniston, Calhoun, AL.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	9/14	9/15	9/16	9/17	9/18	9/19	9/20
Rainfall	0	0	0	0	.01	.14	.05

Sampling Information

Sample Type: ~~N~~ 3 Pt Composite

Location: OT 75

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Vaughn
Signature

11/20/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/14/99

REPORT NO.: 102 | 56

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 62 MIN 43

PRECIPITATION:
INCHES 0

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Shirley
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/15/04 | REPORT NO. 103 | 54

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 65 MIN 34

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 7+80, 4+00, 2+50. PC200LC 2 drivers
b. Water Works (Anniston) Small Excav. Mini Backhoe 4 oper.
c. Gallet. 5+30-4+70 Backhoe 3 Foreman
d. WI40 9 labor
e. B-50 Shop Welder
f. Mechanic
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) Excavation 2+50, Unclassified 7+80(G), 4+00 forming - 0+00

(B) Ann. Water Works - Checking depth of water line

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing (Wet)

(Gallet) 7th Track
4+70 - 5+30
72° 1" slump
3 cylinders

ENG FORM 1696 Previous Edition May Be Used Until Exhausted

INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

During backfill throughout Gulch

Shaping Snow Creek

Federal Judges on Site

Action pickup 2 rolloff dropped 2 off

(20 haybales) T/T-410 min (7 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ogg

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/16/04

REPORT NO.: 164/53

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 64 MIN 37

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	0700 - 1515	PC200LC	2 Finisher
b.	Kirkpatrick	0700 - 1715	Backhoe	9 labor
c.	Taylor Surveyor		WP140	1 mechanic
d.	Geller		B-50	3 driver
e.	Genisis			4 Oper
f.				
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 0700 - 1715 excavation in Snow Creek, forming, tracking fo
(B) Delivering concrete
(C) Taking as built shots
(D) Geller - Slumps, 3 cylinders
(E) Genisis - 0715 3 pt composite

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams all in place
Grass growing in areas

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dirta Rain -
Refer to Air monitor Log Sheets

Geller - 2" Slump 3 cylinders
Genisis - 0715
3 pt composite

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

delay Pump malfunction two Separate times. Last truck had to be turned away due to pump stopping.

form complete to 2+50

Excavation complete. Shaping up in Snow check area.

(15 haybales) TIT - 38 mins (77 yds)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

Tailgate meeting to discuss wet conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kacy Wright

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/17/04 | REPORT NO.: 105/52

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 72 MIN 50

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp 0+00 - 1+15	RC 200LC	14 finishers
b.	Geller	WP 140	9 labor
c.		B-35	4 oper
d.		Backhoe	1 mechanic
e.			2 drivers
f.			1 Supervisor
g.			

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) 0+00, 1+15 - Spreading gravel, Shotcrete, laying fabric

By Geller Beginning Temp

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdam working Properly
PVC - NO leaks
Grass Setting up Great

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

Geller -

Data Rec.
Refer to Air monitor log

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

New Pump - Broke down 2 times
Lowering form, Spreading rip rap Shoal Creek
Setting form 10+50 Bdirct.
Excavation, forming completed.
2½ panels poured

20 keybeds (TIT 45 min) (95 yd concrete)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

Safety meeting address work with extra help.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/18/04

REPORT NO.: 106/51

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 70 MIN 50

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp — I-35 - 0+15, Shotcrete — PC 200LC — 4 finisher
b. Penhall — Ditch — WP14C — 4 labor
c. Anniston Police Officer — G-ditch — Backhoe — 1 oper
d. — — B-50 — mechanic
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) (G) I-35 - 0+15 (Shotcrete) — Shotcreting - finishing riprap around
(A) Ditch - Form work for retaining wall
(A) Trucking fill from throughout G-ditch
(B) Ditch
(C) G-ditch directing traffic

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place and working properly
PVC Pipes draining properly
Grass in various areas coming up well

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No exceptions

Core 3 sections
(1) 19+45, 20+05, 20+30
(2) 18+30, 18+30, 18+10
(3) 10+80, 10+40, 9+10

Cyl's
0+75 - 1+35
76° 2" Slump
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

See weekly tech. meeting reports

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

3 panels poured
B3 ditch - Propane pad formed
Wrecking form
Penhall took 3 core samples

(20 haybales) (86 yd concrete) (40 min T/T)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

Tailgate meeting to discuss PPE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Ong

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/19/04 | REPORT NO.: 107/5D

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS B

TEMPERATURE: MAX 65 MIN 50

PRECIPITATION: INCHES .14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	D-75-1+35, D-15-0+75	PC 200LC	4 Oper.
b.	Excell		Backhoe	& Labor
c.			minixcator	1 Welder
d.			WB150	Supervisor
e.			F-150	2 Drivers
f.			135	
g.				

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) Wreck forms
(a) Backfill
(a) Shotcrete D-75-1+35, RipRap Snow Creek

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Pumps working Properly
Checkdams in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test
Rain

Called

ENG FORM 696 Previous Edition May Be Used Until Exhausted

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress on backfill going great
Got shoulder in Pad C prepared for
Completed shoring rip rap in Shaw Creek
1 panel left in Gulch to shot
Cover sec point today poly
Rain Pending

(30 keybars) (40min 1/1) (45 yd)

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaughn

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/04

REPORT NO. 108/49

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 67 MIN 58

PRECIPITATION:
INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 0+00, 21+50, 9+00 — PC200 LC — 2 finishers
b. — mini Backhoe — 3 oper
c. — Backhoe — 9 labor
d. — W150 — mechanic
e. — — Supervisor
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(a) 0+00 - Shot-crete
21+50 - Forming
9+00 - pouring wedge sec.

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams in place
PVC pipes still working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to tech. meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Backfill to 2+50
Formed last Section 21+50(G)
Poured wedge Sec 9+00
Delay due to rain setting in

(25 Ton loads) (T/T 30 min.) (21 yd concrete

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: 11th St

Facility Contact/Title: Kay Vaughn

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): Anniston

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): _____

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/20/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Kay Vaughn 11/20/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch monsanto

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/21	22	23	24	25	26	27
Rainfall	1.93	2.16	1.42	.73	.001	0	.36

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Signature

11/28/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/2/94

REPORT NO.: 109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX L[illegible] MIN _____

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

Sunday

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

... INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/26/04

REPORT NO.: 109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 60 MIN 58

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. _____
b. _____
c. _____
d. Sunday
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Daugh

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/22/04

REPORT NO.: 110/47

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 64 MIN 50

PRECIPITATION:
INCHES .16

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. 21+50 G-1 — 7 labor
b. — 2 driver
c. — 3 Oper
d. — Supervisor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

21+50 G-1 - Shotcrete last panel

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NONE

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meets

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Delay due to rain

Last Sec. Shotcrete before heavy rain sets in

action resources dropping rolloffs picking up 2

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Davis

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/23/04

REPORT NO.: 111/46

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS C

TEMPERATURE:
MAX 70 Min 60

PRECIPITATION:
INCHES .42

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B-ditch 6 labor
b. 1 oper
c. 2 drivers
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

B-ditch - taking up pvc pipe throughout ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None - Rain

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

5 action trucks picked up rolloffs

Delay due to Rain setting in

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaughn

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11-24-04 | REPORT NO.: 112/45

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS C

TEMPERATURE: MAX 70 MIN 53

PRECIPITATION: INCHES .73

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor — B-ditch 22+00 — PC200LC — 2 oper
b. — D ditch — Backhoe — Supervisor
c. — E-ditch — 330LC — 2 driver
d. — Trackhoe
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

B-D ditch - backfill
22+00 - Riprap
E-ditch - shaping up

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Check for proper drainage

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech. meetings

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)*

4 loads ballis from railroad holding yard - Backfill B ditch

Delay Still due to flooding rain and Severe Weather

22+00 B-ditch riprap

B & C ditch backfill ballis

TT 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/25/04

REPORT NO.: 113/44

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 55 MIN 31

PRECIPITATION:

INCHES .001

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.
b.
c.
d.
e.
f.
g.

Thanksgiving

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/26/04

REPORT NO.: 114/43

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 60 MIN 32

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	E-ditch	PC200LC
b.		B+G ditch	Backhoe
c.			SX200LC
d.			2 Rolloff trucks
e.			
f.			
g.			

3 oper
2 drivers
4 labor
Supervisor
EPA
Archaik

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(B-ditch) - fabric layed, wrecking form
(G-ditch) - wrecking form, cleaning debri from area
(E-ditch) Clean fence line. Preparing to lay balks, fabric

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

Progress going well. Cleaning up trash and debri from various areas.
Getting topsoil layed down E-ditch
fabric layed down b-ditch overflow at fence
Cutting tress and scrubs down E-ditch. laying fabric & ballis
Taking area in fence down to get to E-ditch with ballis
Remove over 50 cut of 30yd into 2 20 yd. Placed in bone yard

(NO concrete) (NO Haybales) T/T 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

Tailgate to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vaze

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 11/27/04

REPORT NO.: 115/42

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 51 MIN 38

PRECIPITATION:

INCHES .36

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

1. Taylor Corp E,D,C,B,G ditch,
2. Ultra Liner D-ditch

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

D - shaping +
C - welding forms
B - laying fabric - clean up
G - clean up
E - laying balls, shaping

(B) Ultra Liner cleaning pipe
D-ditch

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

1. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Water to tech, meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

10:30 delay due to rain setting in
Ultra Line on site to clean pipe D-ditch
Topsoil in place ready to spread out
finish cleaning & ditch laying balls

T/T 20min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

Tailgate meet to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch

Site location (City, County, State): Anniston Calhoun Al.

NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Date	11/28	11/29	11/30	12/1	12/2	12/3	12/4
Rainfall		Ø	Ø	Ø	Ø	Ø	Ø

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Op
Signature

12/3/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11-28

REPORT NO.: 116/241

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 58 MIN 42

PRECIPITATION:

INCHES .10

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Sunday
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay V

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/29/94 | REPORT NO.: 117 | 40

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- **CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- **CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- **CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- **CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- **CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- **OTHER** Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 65 MIN 48

PRECIPITATION: INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a.	Taylor Corp.	G-ditch 2+50	PC200 LC	8 labor
b.		B-ditch (grate)	EX200 LC	3 oper
c.		D-ditch 0+00	mini trackhoe	2 driver
d.		C-ditch	Backhoe	Mechanic
e.		E-ditch	W150	
f.			2 Roll off trucks	
g.				

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

G-ditch - busting up concrete, reforming
B-ditch - riprap - overflow area at grate
D-ditch - backfill - Hay - seed
C-ditch - spreading top soil, Hay, laying sod
E- ditch - finish up spreading ballist

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measure several locations

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

5. VERBAL INSTRUCTIONS RECEIVED: *(List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)*

Refer to weekly tech meeting

5. REMARKS: *(Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)*

5 loads of riprap -
finishing up in various locations. 4 Concrete pipes delivered for G-ditch expantion

#2 RipRap
1263T ton T/T 35 min

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)*

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Cox

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/30/04 | REPORT NO.: 118 / 39

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 64 MIN

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. C,D,E,B,G — EX200LC 3 oper
b. — PC 200LC 7 labor
c. — backhoe 2 driver
d. — mini backhoe Supervisor
e. — Trackhoe mechanic
f. — mini trackhoe 0
g. — WL50

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) D & C - Sod
E- finish shaping ballist
B- finish shaping riprap at overflow grate
G- Install one pipe

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measure B-ditch to set pipe in
do some shaping to get good fit

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

None

deficiencies, retesting required, etc., with action to be taken.)

Refer weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Got 99% progress of work - 45 days ahead on schedule
100% man hour expended
Punch list completed in many areas
Sediment trap suggestion approved by John Lopez

Crushed agg. Base
2655 ton T/T 45 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay U

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 12/1/04

REPORT NO.: 119 | 38

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 61 MIN 32

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. D+C, B
b.
c.
d.
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) D - Sod, Shaping, Cleanup
C - Sod, Shaping, Cleanup, laying DGA & gravel, compacting
B - Placing pipes, frenchdrain

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checking pipe, frenchdrain.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None -

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

G-ditch - got pipe covered

C-ditch - got good bit cleaned up Have pretty good way to

Roadway looking very good.

(concrete 20 yds) (15 loads Rock) (T/T 30 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Ray Vega

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 12/2/04 | REPORT NO.: 120137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 62 MIN 28

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

1. Taylor Corp - D, G, C, B	7 labor	PC200LC
2.	3 oper	EX200LC
3.	2 driver	W900
4.	Supervisor	W150
5.		Backhoe 1+2
6.		
7.		

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

D - Cleaning up RR ties, installing Sediment traps (2+50)
C - Spread DGA, Cleaning up, Sediment traps - 8+60
G Backfill - 1+49
B Sediment traps (13+45) fill in Cone Sites

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability o incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Everything coming along great.
Clean-up rapping up. few things mention needed to be done.

8 loads Rock & DGA TT 40 Mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 12/3/04

REPORT NO.: 121 | 36

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 59 MIN 29

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp B,C,G,D, PC200LC Mechanic
b. Penhall B,C, Backhoe 1f2 Supervisor
c. Trackhoe 3 oper
d. 7 labor
e.
f.
g.

1. WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

(A) B,C,G,D - Clean up - (D) ditch - Bore

(B) Penhall - milling

2. TYPE AND RESULTS OF INSPECTION: *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

Checked

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

No excavation

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean-up continues to look great

Delay due to equipment in D-ditch doing bone.

(Penhill)
- Milling was completed C- 3+10, 4+00, 5+20
B- 13+50, +

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER"1180-1-6)

DATE: 12/04/04 | REPORT NO.: 122/35

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION: CLASS A

TEMPERATURE: MAX 60 MIN 32

PRECIPITATION: INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: *(Attach list of items of equipment either idle or working as appropriate.)*

a. Taylor Corp. B,C,D,G,	PC200LC	3oper
b.	Bore	2drivers
c.	mini backhoe	1/2 labor
d.	mini Trackhoe	Supervisor
e.	Backhoe	
f.		
g.		

1. **WORK PERFORMED TODAY:** *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Clean-up in all locations
D-ditch & Bore

2. **TYPE AND RESULTS OF INSPECTION:** *(Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

measuring distance for bore

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

No test

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean up almost completed
Bore going smoothly and completed
Sediment placed in Rolloff to be Sampled

2 Rolls Jute T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto

Facility Street Address: _____

Facility Contact/Title: Taylor Corp

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/28 12:00 **(list:** _____**) which I or personnel under my direct supervision conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ _____ 11/28/04

Name of Responsible Official **Signature** **Date**

_____

Title

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Kaylor Corp

Facility Street Address: _____

Facility Contact/Title: Monsanto

Phone Number: 835-1800 **Fax Number:** _____ **E-Mail:** _____

NPDES Permit Number: N/A **County:** Calhoun

Latitude: _____ **Longitude:** _____

Township, Range Section(to nearest ¼ section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

☐ Appropriate Discharge and/or Instream Sampling Data Attached.

☑ Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 12/3/04 5:00 **which I or personnel under my direct supervision (list:** _____**) conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.**

I certify under penalty of law that his document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Ray _____ 12-3-04

Name of Responsible Official **Signature** **Date**

_____

Title

May 12. 2005

COMPLETION REPORT
Volume III of III
Appendices K-T

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama

ROUX ASSOCIATES, INC.

Environmental Consulting & Management

1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX K

DUST MONITORING RESULTS

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

DATE	HOURS	APPROXIMATE GALLONS	MISCELLANOUS
8/5/04	2	3,000	Truck Traffic
8/6/04	2	3,000	Truck Traffic
8/7/04	2 1/2	4,000	Equipment Traffic
8/8/04	0	0	Sunday
8/9/04	2	3,000	Truck Traffic
8/10/04	2 1/2	4,000	Truck Traffic
8/11/04	2 1/2	4,000	Equipment Traffic
8/12/04	2	3,000	Truck Traffic
8/13/04	2 1/2	4,000	Equipment Traffic
8/14/04	2	3,000	Truck Traffic
8/15/04	0	0	Sunday
8/16/04	2	3,000	Truck Traffic
8/17/04	2	3,000	Truck Traffic
8/18/04	2 1/2	4,000	Equipment Traffic
8/19/04	2	3,000	Truck Traffic
8/20/04	0	0	Wet Conditions
8/21/04	2 1/2	4,000	Equipment Traffic
8/22/04	0	0	Sunday
8/23/04	2	3,000	Truck Traffic
8/24/04	2 1/2	4,000	Equipment Traffic
8/25/04	0	0	Rain
8/26/04	2	3,000	Truck Traffic
8/27/04	2 1/2	4,000	Equipment Traffic
8/28/04	2 1/2	4,000	Equipment Traffic
8/29/04	0	0	Sunday
8/30/04	2	3,000	Truck Traffic
8/31/04	2	3,000	Truck Traffic
9/1/04	0	0	Wet Conditions
9/2/04	0	0	Wet Conditions
9/3/04	0	0	Wet Conditions
9/5/04	0	0	Sunday
9/6/04	0	0	Holiday
9/7/04	0	0	Wet Conditions
9/8/04	0	0	Wet Conditions
9/9/04	0	0	Wet Conditions
9/10/04	0	0	Wet Conditions
9/11/04	0	0	Wet Conditions
9/12/04	0	0	Sunday
9/13/04	2 1/2	4,000	Equipment Traffic
9/14/04	2 1/2	4,000	Equipment Traffic
9/15/04	0	0	Wet Conditions
9/16/04	0	0	Hurricane
9/17/04	0	0	Wet Conditions
9/18/04	2 1/2	4,000	Equipment Traffic
9/19/04	0	0	Sunday
9/20/04	1	1,000	Dry Conditions
9/21/04	1	1,000	Dry Conditions
9/22/04	0	0	No Excavation
9/23/04	0	0	No Excavation
9/24/04	2 1/2	4,000	Equipment Traffic

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

9/25/04	0	0	No Excavation
9/26/04	0	0	Sunday
9/27/04	1	1,000	Equipment Traffic
9/28/04	0	0	Low Equipment Traffic
9/29/04	0	0	No Traffic
9/30/04	0	0	No Traffic
10/1/04	2	2,000	Truck Traffic
10/2/04	0	0	No Traffic
10/3/04	0	0	Sunday
10/4/04	3	3,000	Equipment Traffic
10/5/04	0	0	No Excavation
10/6/04	0	0	No Excavation
10/7/04	0	0	Low Equipment Traffic
10/8/04	0	0	Low Equipment Traffic
10/9/04	0	0	Rain
10/10/04	0	0	Sunday
10/11/04	0	0	Rain
10/12/04	0	0	Wet Conditions
10/13/04	0	0	Wet Conditions
10/14/04	0	0	Low Equipment Traffic
10/15/04	0	0	Wet Conditions
10/16/04	0	0	Illness
10/17/04	0	0	Sunday
10/18/04	0	0	No Equipment Traffic
10/19/04	0	0	Rain
10/20/04	0	0	Wet Conditions
10/21/04	0	0	Wet Conditions
10/22/04	0	0	Low Equipment Traffic
10/23/04	0	0	Wet Conditions
10/24/04	0	0	Sunday
10/25/04	0	0	Wet Conditions
10/26/04	0	0	Wet Conditions
10/27/04	0	0	Rain
10/28/04	0	0	Rain
10/29/04	0	0	Rain
10/30/04	0	0	Wet Conditions
10/31/04	0	0	Sunday
11/1/04	0	0	Wet Conditions
11/2/04	0	0	Rain
11/3/04	0	0	Rain
11/4/04	0	0	Rain
11/5/04	0	0	Wet Conditions
11/6/04	0	0	Wet Conditions
11/7/04	0	0	Sunday
11/8/04	0	0	Wet Conditions
11/9/04	0	0	Wet Conditions
11/10/04	0	0	Low Equipment Traffic
11/11/04	0	0	Rain
11/12/04	0	0	Low Equipment Traffic
11/13/04	0	0	Low Equipment Traffic
11/14/04	0	0	Sunday

Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control

11/15/04	0	0	Low Equipment Traffic
11/16/04	0	0	Wet Conditions
11/17/04	0	0	Wet Conditions
11/18/04	0	0	Wet Conditions
11/19/04	0	0	Wet Conditions
11/20/04	0	0	Wet Conditions
11/21/04	0	0	Wet Conditions
11/22/04	0	0	Wet Conditions
11/23/04	0	0	Rain
11/24/04	0	0	Wet Conditions
11/25/04	0	0	Holiday
11/26/04	2	3,000	Low Equipment Traffic
11/27/04	1	1,000	Low Equipment Traffic
11/28/04	0	0	Sunday
11/29/04	3	4,000	Low Equipment Traffic
11/30/04	1	1,000	Low Equipment Traffic
12/1/04	0	0	No Equipment Traffic
12/2/04	1	1,000	Low Equipment Traffic
12/3/04	1	1,000	Low Equipment Traffic
12/4/04	1	1,000	Low Equipment Traffic
12/5/04	0	0	Sunday

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/13/01
PROJECT NUMBER 0400 7	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 91	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO readings
				above background

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellers — DATE: 8/13/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 8/6/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) 86			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO readings
				above background

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE Don Ellis (Health & Safety Officer) DATE: 8/6/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/7/04
PROJECT NUMBER 21007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) 84	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Non above
				limits

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Dan Eller DATE: 8/7/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/8/01
PROJECT NUMBER 84007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Elder
Health & Safety Officer

DATE: 8/8/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/9/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) SS		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No readings above Spec

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis DATE: 8/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/16/64
PROJECT NUMBER 04007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 82		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		1500		avg 68.4 ug/m3
				max 87.4 ug/m3
		1400		Avg 66.4
				Max 93.0
		1300		Avg 70.2
				Max 93.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Fuller
Health & Safety Officer

DATE: 8/16/64

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) SK		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				AVG 1.27 mg/m3
				MAX 1.76 mg/m3
				Trace Hydrocarbons
				ET 2:20

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis
Health & Safety Officer

DATE: 5/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/12/14
PROJECT NUMBER 04037	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 75 Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
			8:00	
PID			1	0.1 ug (08.24 hrs)
			1	
			12:00	
			1	
			1	0.2 ug 11:32
			1	
			3	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Eller Health & Safety Officer DATE: 8/12/14

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy 78° W		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		11&25		
				Org 80.5 mg
				MGX 249.4 mg
				TWA 65.5
				OT 7 hrs.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/13/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/14/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 70's (hz)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		Ditch		Avg 5126
				max

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Dan Elliott Health & Safety Officer

DATE: 8/14/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/15/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellis Health & Safety Officer DATE: 5/15/04

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		8/16/04
PROJECT NUMBER: 84007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 86 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		B-ditch		Avg 1114.3
				Max 1193.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Tyler Elder — Health & Safety Officer

DATE: 8/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/17/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam		B-DT-15	7:00	
				Avg 54.4 ug/m3
				max 320.6
				Stel 82.5 ug

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 8/17/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/18/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 89 wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No data.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ethier DATE: 5/18/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 5/19/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions) 0 C, Wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO ALERTS
				Wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 5/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/20/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain PD, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Alerts
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 8/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy 83, W		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No dirty
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/21/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 8/22/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 8/22/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/23/11
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 87 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		4700		
				Avg 72.0
				max 118.7
				Et 8½ hrs

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Ellen
Health & Safety Officer

DATE: 8/23/11

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/24/07
PROJECT NUMBER 24007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram			1477	
				Avg. 88.2
				max 1.27
				Intervals
				9T 9hrs

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Karen Doherty Health & Safety Officer DATE: 8/24/07

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/25/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C cl. wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Det. Ram		C-ditch		Avg. 52.5 ug/m
				Max 142.5 ug/m
				TWA 60.1 ug/m

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Ux Don Ellis
Health & Safety Officer

DATE: 8/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/26/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) cloudy 89, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dan Ram		DTS 3		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S/Dan Ellwood Health & Safety Officer DATE: 8/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/27/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 92, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dust Ram		7+50		
				AVG. 29.5
				max 393.1

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S/Dufour Health & Safety Officer DATE: 8/27/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/25/01
PROJECT NUMBER 04021	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 70, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram		6+36	7:00	
			5:00	Avg. 75.7
				WTX 4645
				TWA 63.6
				ET 10h

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Associates DATE: 5/28/01
Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/29/01
PROJECT NUMBER 34007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 90		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Work
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray D. Stoeller, Health & Safety Officer DATE: 8/29/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 5/30/09
PROJECT NUMBER 24007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 88		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam		LL40	7:00	
			1	Avg 78.7
				max 286.6
			9:00	
				GT 1300 ug

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Associates DATE: 5/30/09

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 8/31/02
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Fil, 88		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dust Pro		1+90	7-5	
				AVG 0.6-5
				MAX 2.80.11
				BT 10m.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S / Dr-Ellis DATE: 8/31/02

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/1/04
PROJECT NUMBER 0400-7	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 90, wet, cloudy		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Ditch Run				
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 9/1/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/2/04
PROJECT NUMBER D4007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C, 91, Wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray J Health & Safety Officer DATE: 9/2/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/3/04
PROJECT NUMBER 84007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC, 81 deg		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	38.7 / 43.6	2+80	7:00	
	22.2 / 29.6		8:00	
	22.7 / 29.3		9:00	
	20.4 / 28.2		10:00	
	20.2 / 28.0		11:00	
	36.6 / 40.1		12:00	
	17.2 / 26.6		1	
	15.5 / 20.2		2	
	15.8 / 20.0		3	
	15.4 / 18.7		4	
	14.0 / 18.2		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vog — Health & Safety Officer

DATE: 9/3/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/4/04
PROJECT NUMBER 84007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85, hot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vo — Health & Safety Officer

DATE: 9/4/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/5/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay W. S. DATE: 9/5/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/6/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Holiday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly
Health & Safety Officer

DATE: 9/6/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/7/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 76 Dot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray S Health & Safety Officer DATE: 9/7/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/8/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 76, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/8/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/9/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 75, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Condition

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 9/10/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear / 89 / Dry			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dets Ram	Normal	07 CO	9:15	Conc 25.6 TWA 55.2
	Normal	" "	10:15	TWA 40.1 Conc 21.8
	Normal	" "	3:00	TWA 18 Conc 0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vogt
Health & Safety Officer

DATE: 9/10/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/11/04
PROJECT NUMBER 0407	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear / 80's / Dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Calfactor 100%
DataRam	normal	St 37	9:00	Conc 22.4 / TWA 047.3
	normal		10:00	Con 32.1 / TWA 34.4
	normal		11:00	Conc 41.0 / TWA 28.1
	normal		12:00	conc 12.2 / TWA 25.8
	n/a		1:00	@ N/A
	n/a		2:00	n/a
	n/a		3:00	12 / 23

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vogt — Health & Safety Officer

DATE: 9/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/12/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		Sunday		
		NO		
		WORK		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/12/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 71, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	Normal	St 00	11:15	Conc 021.5 / TWA 014.0
			1:15	Conc 009.2 / TWA 022.0
			4:15	21.9 / TWA 021.8

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 9/13/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/14/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Partly, 80, F		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	Normal	2450	9:00	Conc 18.0 / TVA 29.2
			10:00	14.9 24.5
			1:00	15.6 19.3
			2:00	8.3 17.4
				18.7 16.2
				TWA - 016.1
				MinC 003.1
				MaxC 498.3
				Start Time 7:41
				ET 9:00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kayla
Health & Safety Officer

DATE: 9/14/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/15/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) S		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	Normal	13TSO	9:00	conc 28.4 TWA 38.4
				Did 84 off when pu
				9:20 - Alarm in roadway
	(Rain)			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/15/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/16/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Clear	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	NO	WORK		

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 9/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/16/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 84 Partly Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	N/A			
NO	DUST			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/17/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/18/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83 / sunny / dump	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Dielectric	Neg	17+00	7:00	Core 24 TMP 38
	Neg		12:00	0 15.0
	Neg		1:00	0 15.3
	Neg		2:00	0 14.5

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Randy J. Health & Safety Officer

DATE: 9/18/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/19
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay
Health & Safety Officer

DATE: 9/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/20
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C - 81 - Dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram				003.1 avg/mg/m3
				MAX 225.3
				TWA 001.4
				ST - 8.00
				ET 8.00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/20

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/21/04
PROJECT NUMBER 94007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83 dry	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION BL2200	TIME 9:00	COMMENTS Con 12.6 TOX 16.1
DrägerKan	Normal	22+00	9:00	12.6 16.1
	Normal	22+00	12:00	5.3 11.6
	" "	22+00	1:30	5.0 11.0
	" "	22+00	4:00	3.2 10.0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 9/22/11
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 8/6-83-Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
			7-	Avg 13.9 ug/m3
			04	Max 073.9 ug/m3
				Min 00.0
			405	
				ET 9
	NO Exceedings			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/22/11

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/23/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 80-87, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam				Not Excavating Just run for observation.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Uyz
Health & Safety Officer

DATE: 9/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/24/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) O / 88 / D14		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Located next to train, may have caused more dust than usual
				E/T 9:54
				E/T 3:00
				TWA 0318
				MAXC 0911
				MAXC 7825

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/24/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/25/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION (D)	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85, Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				TWA - 049.3
				Avg 119.8
				Max 01.53
				Min. 013.8
				ST 7.15
				ET 8.00

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vaz
Health & Safety Officer

DATE: 9/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 9/24/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Shady

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/24/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/27/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 83, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram				
				S/T 11:00
				E/T 5:00
				TWA 0.8 ug/m3
				MinC 005.2
				MAXC. 048.9
				Avg. 033.2

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/27/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/28/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P-cloudy, 85, P		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc. T-H
Data Ram		18+22 B	8:30	99.7 126.3
			9:30	66 108.0
			11:45	39.8 87.1
		T+22 B	1:00	66.0 94.3

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/28/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/29/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION 1	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P-Cloudy 82, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc TWA
DataRam		1400 (18)	10:00	100.2 147.8
		" "	10:50	85.3 139.9
		" "	12:00	32.8 102.6
		" "	3:00	17.5 66.6
		" "	5:00	20.3 61.3
				S/T 7:45 mg/m3
				C/T 9:00
				TWA 0023
				Min. 0012
				Max. 848.8
				Avg. 120.1

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/29/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 9/30/04
PROJECT NUMBER 041007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 82 day, Sunny		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam				
	NO EXCAVATING			
				S/I 7:55
				F/T 10:04
				TWA 027.4 ug/m3
				MIN - 000.0 ug/m3
				MAX - 01.96 " "
				AVG 080.0 " "

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 9/30/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/1/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 02 dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/1/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/2
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 54 deg		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excursions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kayla Health & Safety Officer DATE: 10/2/03

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/3
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U Health & Safety Officer DATE: 10/3/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/4/04
PROJECT NUMBER 21007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 88	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
		7th & C	7:00	
			5:00	
				0[illegible].1 ug/m3 1hr
				Min [illegible] ug/m3
				Max [illegible] ug/m3
				Avg [illegible]

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] DATE: 10/4/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/5/01
PROJECT NUMBER 24007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				SP2 1.00
				FT - 0.0 ppm
				TWA 930.7 ug/m3
				AVG 111.3 ug/m3
				Max 450.2 ug/m3
				Min 35.9 ug/m3

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/5/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		10/6/04
PROJECT NUMBER: 24007	LEVEL OF PROTECTION: B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 85°, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS Conc	COMMENTS TWA
			9:00	025.7	057.7
			10:20	022.7	077.8
			12:00	029.5	059.9
			2:00	009.2	052.6
				Avg. 053.7	
				MAXC - 403.0	
				MinC - 018.1	
				TWA 064.9	
				ST 7:00	
				ET 10hr.	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/6/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/7/04
PROJECT NUMBER 04667	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 73, dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Detaram		THD	1100	TWA E/T
			500	10hr
				TWA 069.4
				MinC-005.9 ug/l
				MAXC 36.87 mg/m
				Avg. 053.7

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 10/7/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/8/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C-74-avg			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Draeger				
				ST 7:00
				ET 10hr
				TWA 019.6 ug/m3
				AVGC 075.9 ug/m3
				MINC 059.3
				MAXC 250.4

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/8/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/9
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) WC 74, C	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 9/10/04
PROJECT NUMBER	LEVEL OF PROTECTION		
DESCRIPTION OF SITE: (weather, temp. soil conditions)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sundays

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Wz — DATE: 10/10/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION D
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 74, Lot	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Ux — Health & Safety Officer

DATE: 10/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/12
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 80, L	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				RAD

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/12/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/13/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 67, Odor		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	Normal	Ditch		
	0.2 (0.8) (T)	"	5:00	
	0.7 (0.2) (T)	" "	9:00	Avg. 043.3 ug/m³
	0.3 (0.6) (T)	" "	10:00	
	0.2 (0.2) (T)		11:00	MAX: 273.8
	29.8 (0.5) (T)		12:00	
	0.0 (0.6)		1:00	MIN: 017.6
	0.1 (0.3) (T)		2:00	
	0.0 (0.2) (T)		3:00	TWA = 039.3
	0.0 (0.3) (T)		4:00	
	0.2 (0.4) (T)		5:00	ST - 100
				CT 100.

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/13/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/14/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 67, dry Zone / TWN		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Draeger	048.2 / 053.5	Facility	1:00	
	049.9 / 057.2			SIT 1:00
	046.7 / 072.0			FIT 10hr
	044.3 / 050.0			
	025.5 / 051.7			Grd. 075.0 ug/m3
	029.8 / 060.4			TWN 064.0 ug/m3
	001.0 / 002.2			Max C 397.6
	046.6 / 052.0			Min C - 045.0
	049.9 / 048.8			
	030.4 / 032.6			
	000.0 / 017.4			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/14/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/15/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P. Cloudy, 60's, dry Conc / TWA		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	025.7 / 057.7	F-	7	ST- 7:00
	022.7 / 077.8		8	ET- 10hr
	029.5 / 059.9		9	
	009.2 / 0526		10	Max 575.4 Rock delayed
	000.0 / 011.4		11	Set it off.
	000.0 / 015.2		12	Min C. 000.0
	010.01 011.6		1	TWA 012.9
	006.4 / 021.2		2	
	010.2 / 018.6		3	
	0000 / 009.4		4	
	002.0 / 009.8		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 10/15/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/16/07
PROJECT NUMBER 36007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 72 cdy		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/11/01
PROJECT NUMBER	LEVEL OF PROTECTION		
DESCRIPTION OF SITE: (weather, temp. soil conditions)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Wy — Health & Safety Officer

DATE: 10/11/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/18/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/Cloudy, 79, dry			
conc / TWA			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	28.3 / 39.3	22+50	9:00	Start a.g
	14.3 / 27.4		10:00	
	003.8 / 19.1		11:00	
	000.0 / 06.3		12:00	S/T 9:00
	019.2 / 027.2		1:00	E/T 7 hr.
	002.9 / 014.1		2:00	Avg. 020.7
	005.8 / 017.4		3:00	Max 325.2 ug/m3
	002.6 / 016.6		4:00	Min 000.0 ug/m3
				TWA - 022.0

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/18/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/19/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				ND Detig
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Laughner Health & Safety Officer

DATE: 10/19/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/20
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 73, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/20/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 10/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, wet 78°		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Data
				(wet)

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/22/01
PROJECT NUMBER 0007	LEVEL OF PROTECTION D	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	46.1/51.6			
	48.1/52.0			
	49.1/45.0			
	44.2/53.2			
	60.0/66.6			
	61.1/66.1			
	42.6/46.2			
	41.1/46.0			
	38.6/40.6			
	32.6/47.5			
	32.2/47.4			

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/22/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/23/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny / 73, dry			
	Conc / TWA		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
Data Ram	42.2 / 51.7		7:00	located near
	27.2 / 33.4		8:00	train.
	27.6 / 35.2		9:00	
	22.5 / 25.5		10:00	
	22.2 / 25.6		11:00	
	27.0 / 26.6		12:00	
	21.6 / 24.7		1	
	42.6 / 52.3		2	
	21.6 / 24.6		3	
	19.5 / 26.6		4	
	19.2 / 26.3		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/29
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunny

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U DATE: 10/29/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE	H/S OFFICER	DATE:
11TH Street Ditch		10/25/04
PROJECT NUMBER 0007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 18S, dry		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	17.2 / 20.9	18+50	7:00	Avg 17.2
	14.6 / 19.4	↓	8:00	
	07.0 / 12.3	17+00	9:00	MAX 46.6
	07.6 / 12.6		10:00	
	00.00 / 06.2		11:00	BT 4 hr
	00.04 / 08.6		12:00	
	0.031 / 08.4		1	
	0.021 / 04.4		2	
	0.001 / 06.4		3	
	0.02 / 06.6		4	
	0.021		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Davis — Health & Safety Officer

DATE: 10/25/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 10/26/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, Dry 82			

conc / TWA

INSTRUMENT DataRam	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
	49.2 / 55.6	17+00	7:00	Avg. 028.5
	48.6 / 52.0		8:00	Max. 1.98 mg/m3
	32.2 / 36.30		9:00	Min C 04.5 ug/m3
	20.2 / 29.6		10:00	TWA 024.2 mg/m3
	21.2 / 22.2		11:00	
	20.0 / 22.1		12:00	S/T. 7:00
	26.2 / 30.0		1	
	20.1 / 22.6		2	ET. 10hr.
	19.6 / 20.6		3	
	19.2 / 20.4		4	
	04.4 / 18.1		5	
	[illegible]		[illegible]	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/26/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/27/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 80, Dry		

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	55.0 / 62.2	11+00	7:00	
	51.2 / 62.1		8:00	Avg. 05.6
	42.6 / 55.4		9:00	
	41.6 / 52.2		10:00	MAX C - 141.6
	39.9 / 44.4		11:00	min C - 39.0
	40.7 / 46.4		12:00	TWA - 44.1
	41.1 / 45.6		1	
	39.1 / 43.3		2	S/T 7:00
	46.3 / 59.9		3	E/T 10hr.
	39.6 / 42.4		4	
	39.2 / 45.8		5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Vargo
Health & Safety Officer

DATE: 10/27/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/28/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 80, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Data
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: KGV Health & Safety Officer

DATE: 10/28/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 10/29/04
PROJECT NUMBER 24027	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain / 85°	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Dets
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vogel — Health & Safety Officer

DATE: 10/29/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/30/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) PC 79, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO info.
				wet conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Davis — Health & Safety Officer DATE: 10/30/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 10/31
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Shutting

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 10/31 10:1

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/1/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 82° dry			

Conc / TWA

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	49.2 / 52.2	4+50	7:00	
	42.6 / 49.0		8:00	Avg. 027.6 ug/m3
	33.3 / 43.4		9:00	
	27.6 / 32.6		10:00	MAX 052.3 ug/m3
	27.4 / 32.4		11:00	
	27.6 / 32.6		12:00	Min 022.3
	52.6 / 62.6		1	
	27.4 / 30.0		2	SIT 7:00
	27.2 / 30.6		3	
	22.3 / 28.4		4	EIT 10:00
	22.4 / 28.5		5	
				TWA 024.6

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/1/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/2
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 80, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/2/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/3/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 75° Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roy U. Health & Safety Officer

DATE: 11/3/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/4
PROJECT NUMBER 04007	LEVEL OF PROTECTION 13		
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 65, wet			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Wet
				Conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer

DATE: 11/4/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/6/04
PROJECT NUMBER 94007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 72 Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Testing
				Wet
				NO Digging

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ Health & Safety Officer

DATE: 11/1/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/7/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/7/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/8/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 70's, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly
Health & Safety Officer

DATE: 11/08/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/9/04
PROJECT NUMBER 24007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, 70, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/9/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/10/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny / 70°	
Conc / TWA	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	024 - 027	1700	7:00	
	006 - 008		8:00	
			9:00	
			10:00	
			11:00	
			12:00	
			1:00	
			2	
			3	
			4	
			5	

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Vaughan Health & Safety Officer DATE: 11/10/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/11/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 62 wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 11/11/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/12
PROJECT NUMBER 94007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 70, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet
				conditions

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay U
Health & Safety Officer

DATE: 11/12/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/13/01
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C LeO, dry Core / Twn		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
DataRam	32.0 / 35.2	0400	7:00	
	22.2 / 25.0		8:00	AVG 09.1 mg/m3
	15.3 / 20.1		9:00	
	15.0 / 20.1		10:00	Max 32.0 mg/m3
	10.6 / 14.0		11:00	
	00.0 / 04.0		12:00	Min 00.0 mg/m3
	00.0 / 09.8		1	
	00.0 / 09.7		2	TWA 04.1
	01.1 / 4.7		3	
	09.1 / 10.1		4	ST 7:00
	00.0 / 01.1		5	
				ET 10hr

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kgll Health & Safety Officer DATE: 11/13/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/14/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roy U. DATE: 11/14/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/15/01
PROJECT NUMBER	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C 165 | wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/15/01

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/16/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Wet, 60	PC	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kelly Health & Safety Officer DATE: 11/16/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/17/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C/ 72° (W)		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Readings

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/17/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/18
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 70° (V)			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/18/21

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		**H/S OFFICER**	**DATE:** 11/19/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 45°			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Rain

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/19/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	**H/S OFFICER** **DATE:** 11/29/01
PROJECT NUMBER 01007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain 60°	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Ray Cox Health & Safety Officer DATE: 11/29/01

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/21/04
PROJECT NUMBER	LEVEL OF PROTECTION	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				wet
				Standing

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Kay Lynn DATE: 11/21/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/21/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) R, 60, 10	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Sunday

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer DATE: 11/21/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER DATE: 11/22/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Cold, Wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO Excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/22/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/23/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) R, 10, wet		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 11/23/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch		H/S OFFICER	DATE: 11/24/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B		
DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, Cold, Wet			

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux S Health & Safety Officer DATE: 11/24/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/25/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) 55, dry, Sunny		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Thanksgiving

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/25

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/26
PROJECT NUMBER 34007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 40, Sunny, wet	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				(wet.)

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer DATE: 11/26/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/27/07
PROJECT NUMBER 0400 7	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) K, SI, 1.4		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavating

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: ROUX Health & Safety Officer DATE: 11/27/07

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 11/25/04
PROJECT NUMBER	LEVEL OF PROTECTION
DESCRIPTION OF SITE: (weather, temp. soil conditions)	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				Standby

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/28/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/29
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 62 Dry		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux Health & Safety Officer

DATE: 11/29/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 11/30
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) C, 60, Lgt		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO
				Excavations

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 11/30/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER	DATE: 12/01/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B	
DESCRIPTION OF SITE: (weather, temp. soil conditions) D, 61, S		

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No Excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: [signature] Health & Safety Officer

DATE: 12/01/04

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 12/03
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) 55, 58, D	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				NO EXCAVATION

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: _____ DATE: 12/03/04

Health & Safety Officer

AIR MONITORING LOG

PROJECT SITE 11TH Street Ditch	H/S OFFICER DATE: 12/5/04
PROJECT NUMBER 04007	LEVEL OF PROTECTION B
DESCRIPTION OF SITE: (weather, temp. soil conditions) S, 59, D	

INSTRUMENT	INSTRUMENT RESPONSE	LOCATION	TIME	COMMENTS
				No excavation

CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE:_____ DATE:_____

Health & Safety Officer

APPENDIX L

SOIL SAMPLE DATA PACKAGES

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S447912
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/03/2004
Sampled By: Client
Sample Received Date: 08/26/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S447912
Date Received: 08/26/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-1 COMP	S447912*1	Solid	08/23/2004 13:46

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-1	RR-1 COMP	Solid	08/26/04	08/23/04 13:46	

Parameter	Units	Lab Sample IDs 47912-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<160
Aroclor-1221	ug/kg dw	<320
Aroclor-1232	ug/kg dw	<160
Aroclor-1242	ug/kg dw	<160
Aroclor-1248	ug/kg dw	<160
Aroclor-1254	ug/kg dw	1400
Aroclor-1260	ug/kg dw	1800
Aroclor 1268	ug/kg dw	1700
Surrogate - TCX *	%	100 %
Surrogate - DCB *	%	3200 %*F36
Percent Solids		85
Dilution Factor		4
Prep Date		08/30/04
Analysis Date		09/02/04
Batch ID		0830Q
Quantitation Factor		3.997

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-2	Method Blank	Solid	08/26/04		
47912-3	Lab Control Standard % Recovery	Solid	08/26/04		
47912-4	LCS Accuracy Control Limit (%R)	Solid	08/26/04		
47912-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 47912-2	47912-3	47912-4	47912-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	64 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	85 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	65 %	59 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	82 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		08/30/04	08/30/04		
Analysis Date		08/31/04	08/31/04		
Batch ID		0830Q	0830Q		
Quantitation Factor		0.9990			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-6	LCS - 093 Custom	Solid	08/26/04		
47912-7	True Value - 093 Custom	Solid	08/26/04		
47912-8	% Recovery - 093 Custom	Solid	08/26/04		
47912-9	Accuracy Limits - 093 Custom	Solid	08/26/04		

Parameter	Units	Lab Sample IDs 47912-6	47912-7	47912-8	47912-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1000	1500	67 %	44-188 %
Aroclor-1254	ug/kg dw	2600	3000	87 %	45-170 %
Aroclor-1260	ug/kg dw	2000	2000	100 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	110		65 %	30-150 %
Surrogate - DCB *	%	190		112 %	30-150 %
Dilution Factor		1		1	
Prep Date		08/30/04		08/30/04	
Analysis Date		08/31/04		08/31/04	
Batch ID		0830Q	0830Q	0830Q	
Quantitation Factor		10.00			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-10	Matrix Spike Result (Batch)	Solid	08/26/04		
47912-11	Matrix Spike % Recovery	Solid	08/26/04		
47912-12	Matrix Spike Duplicate Result	Solid	08/26/04		
47912-13	Matrix Spike Duplicate % Recovery	Solid	08/26/04		
47912-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 47912-10	47912-11	47912-12	47912-13	47912-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	330	87 %	290	76 %	24-132 %
Aroclor-1260	ug/kg dw	290	76 %	270	71 %	28-153 %
Surrogate - TCX *	%	14	74 %	11	58 %	30-150 %
Surrogate - DCB *	%	27	142 %	25	132 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		08/30/04	08/30/04	08/30/04	08/30/04	
Analysis Date		09/01/04	09/01/04	09/01/04	09/01/04	
Batch ID		0830Q	0830Q	0830Q	0830Q	
Quantitation Factor		0.9993		1.000		

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
47912-15	Precision (%RPD) MS/MSD	Solid	08/26/04		
47912-16	MS Precision Advisory Limit (%RPD)	Solid	08/26/04		

Parameter	Units	Lab Sample IDs 47912-15	47912-16
PCB's (8082)			
Aroclor-1016	%	13 %	<50 %
Aroclor-1260	%	7.1 %	<50 %
Batch ID		0830Q	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S447912

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Serial Number 35181

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

OJECT REFERENCE	PROJECT NO.	PROJECT LOCATION (STATE)
11th St. Ditch		AL
L (LAB) PROJECT MANAGER	P.O. NUMBER	CONTRACT NO.
L. Bulizia		
IENT (SITE) PM	CLIENT PHONE	CLIENT FAX
C. Branchfield		
IENT NAME	CLIENT E-MAIL	
Solutia		
IENT ADDRESS		
OMPANY CONTRACTING THIS WORK (if applicable)		
Genesis Project		

MATRIX TYPE (COMPOSITE (C) OR GRAB (G) INDICATE): AQUEOUS (WATER); SOLID OR SEMISOLID; AIR; NONAQUEOUS LIQUID (OIL, SOLVENT,...)

REQUIRED ANALYSIS: PCB 8082/125mL; 4°C PRESERVATIVE

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊗
DATE DUE 9/8/04
EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE

NUMBER OF COOLERS SUBMITTED PER SHIPMENT:

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	SOLID OR SEMISOLID	NONAQUEOUS LIQUID	NUMBER OF CONTAINERS SUBMITTED	REMARKS
~~8/23~~						
8/23/04	1346	RR-1 COMP	✓		1	

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS			M.H. McCall	8/25/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT: YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	082604	0900			544-7912	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448498
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/22/2004
Sampled By: Client
Sample Received Date: 09/11/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448498
Date Received: 09/11/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-2 (COMP)	S448498*1	Solid	09/10/2004 12:10

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-1	RR-2 (COMP)	Solid	09/11/04	09/10/04 12:10	

Parameter	Units	Lab Sample IDs 48498-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<37
Aroclor-1221	ug/kg dw	<74
Aroclor-1232	ug/kg dw	<37
Aroclor-1242	ug/kg dw	<37
Aroclor-1248	ug/kg dw	<37
Aroclor-1254	ug/kg dw	130
Aroclor-1260	ug/kg dw	270
Aroclor 1268	ug/kg dw	320
Surrogate - TCX *	%	56 %
Surrogate - DCB *	%	722 %*F36
Percent Solids		90
Dilution Factor		1
Prep Date		09/17/04
Analysis Date		09/20/04
Batch ID		0917N
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-2	Method Blank	Solid	09/11/04		
48498-3	Lab Control Standard % Recovery	Solid	09/11/04		
48498-4	LCS Accuracy Control Limit (%R)	Solid	09/11/04		
48498-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 48498-2	48498-3	48498-4	48498-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	54 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	70 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	76 %	48 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	88 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		09/17/04	09/17/04		
Analysis Date		09/20/04	09/20/04		
Batch ID		0917N	0917N		
Quantitation Factor		1.000			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-6	LCS - 093 Custom	Solid	09/11/04		
48498-7	True Value - 093 Custom	Solid	09/11/04		
48498-8	% Recovery - 093 Custom	Solid	09/11/04		
48498-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 48498-6	48498-7	48498-8	48498-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1500	1500	100 %	44-188 %
Aroclor-1254	ug/kg dw	2400	2900	83 %	45-170 %
Aroclor-1260	ug/kg dw	2000	2000	100 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	100	160	62 %	30-150 %
Surrogate - DCB *	%	190	160	119 %	30-150 %
Dilution Factor		1		1	
Prep Date		09/17/04		09/17/04	
Analysis Date		09/20/04		09/20/04	
Batch ID		0917N	0917N	0917N	
Quantitation Factor		9.804			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-10	Matrix Spike Result (6303-3K)	Solid	09/11/04		
48498-11	Matrix Spike % Recovery	Solid	09/11/04		
48498-12	Matrix Spike Duplicate Result	Solid	09/11/04		
48498-13	Matrix Spike Duplicate % Recovery	Solid	09/11/04		
48498-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 48498-10	48498-11	48498-12	48498-13	48498-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	220	54 %	250	61 %	24-132 %
Aroclor-1260	ug/kg dw	230	56 %	240	58 %	28-153 %
Surrogate - TCX *	%	10	50 %	11	55 %	30-150 %
Surrogate - DCB *	%	29	145 %	28	140 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		09/17/04	09/17/04	09/17/04	09/17/04	
Analysis Date		09/20/04	09/20/04	09/20/04	09/20/04	
Batch ID		0917N	0917N	0917N	0917N	
Quantitation Factor		1.000		1.000		

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48498-15	Precision (%RPD) MS/MSD	Solid	09/11/04		
48498-16	MS Precision Advisory Limit (%RPD)	Solid	09/11/04		

Parameter	Units	Lab Sample IDs 48498-15	48498-16
PCB's (8082)			
Aroclor-1016	%	0 %	<50 %
Aroclor-1260	%	4.4 %	<50 %
Batch ID		0917N	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448498

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Serial Number 08608

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

EVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

ECT REFERENCE: 4th Street Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	MATRIX TYPE
LAB) PROJECT MANAGER: J. Gulizia	P.O. NUMBER	CONTRACT NO.	REQUIRED ANALYSIS
NT (SITE) PM: B. Bamchfield	CLIENT PHONE	CLIENT FAX	
NT NAME: Golder	CLIENT E-MAIL		
NT ADDRESS			
MPANY CONTRACTING THIS WORK (if applicable): Genesis Project / Golder			

PAGE 1 OF 1

STANDARD REPORT DELIVERY ☒

DATE DUE _____

EXPEDITED REPORT DELIVERY (SURCHARGE) ○

DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	PCB 8082 (25 ml/amber)	PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/04	1210	RR-2 (comp)	C		/				4°C	1	Level II

TEMP. 4.9

RELINQUISHED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE 9/10/04	TIME 1700	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
RECEIVED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	9/10/04	10:05			08608	

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448972
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/04/2004
Sampled By: Client
Sample Received Date: 09/23/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448972
Date Received: 09/23/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-3	S448972*1	Solid	09/22/2004 14:20

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-1	RR-3	Solid	09/23/04	09/22/04 14:20	

Parameter	Units	Lab Sample IDs 48972-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<38
Aroclor-1221	ug/kg dw	<78
Aroclor-1232	ug/kg dw	<38
Aroclor-1242	ug/kg dw	<38
Aroclor-1248	ug/kg dw	120P J
Aroclor-1254	ug/kg dw	230
Aroclor-1260	ug/kg dw	300
Aroclor 1268	ug/kg dw	210
Surrogate - TCX *	%	53 %
Surrogate - DCB *	%	305 %*F36
Percent Solids		86
Dilution Factor		1
Prep Date		09/24/04
Analysis Date		09/29/04
Batch ID		0924N
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-2	Method Blank	Solid	09/23/04		
48972-3	Lab Control Standard % Recovery	Solid	09/23/04		
48972-4	LCS Accuracy Control Limit (%R)	Solid	09/23/04		
48972-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 48972-2	48972-3	48972-4	48972-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	76 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33	73 %	28-153 %	J.KELLAR
Aroclor-1260	ug/kg dw	<33			J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	82 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	76 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		09/24/04	09/24/04		
Analysis Date		09/29/04	09/29/04		
Batch ID		0924N	0924N		
Quantitation Factor		1.000			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-6	LCS - 093 Custom	Solid	09/23/04		
48972-7	True Value - 093 Custom	Solid	09/23/04		
48972-8	% Recovery - 093 Custom	Solid	09/23/04		
48972-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 48972-6	48972-7	48972-8	48972-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1300	1500	87 %	44-188 %
Aroclor-1254	ug/kg dw	2700	3000	90 %	45-170 %
Aroclor-1260	ug/kg dw	2200	2000	110 %	51-178 %
Aroclor 1268	ug/kg dw	1400	1500	93 %	52-137 %
Surrogate - TCX *	%	110	160	65 %	30-150 %
Surrogate - DCB *	%	190	160	112 %	30-150 %
Dilution Factor		1		1	
Prep Date		09/24/04		09/24/04	
Analysis Date		09/29/04		09/29/04	
Batch ID		0924N	0924N	0924N	
Quantitation Factor		10.00			

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-10	Matrix Spike Result (Batch)	Solid	09/23/04		
48972-11	Matrix Spike % Recovery	Solid	09/23/04		
48972-12	Matrix Spike Duplicate Result	Solid	09/23/04		
48972-13	Matrix Spike Duplicate % Recovery	Solid	09/23/04		
48972-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 48972-10	48972-11	48972-12	48972-13	48972-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	250	62 %	190	48 %	24-132 %
Aroclor-1260	ug/kg dw	250	62 %	170	42 %	28-153 %
Surrogate - TCX *	%	10	50 %	7.4	37 %	30-150 %
Surrogate - DCB *	%	31	155 %*F36	24	120 %	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		09/24/04	09/24/04	09/24/04	09/24/04	
Analysis Date		09/29/04	09/29/04	09/29/04	09/29/04	
Batch ID		0924N	0924N	0924N	0924N	
Quantitation Factor		1.000		1.000		

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
48972-15	Precision (%RPD) MS/MSD	Solid	09/23/04		
48972-16	MS Precision Advisory Limit (%RPD)	Solid	09/23/04		

Parameter	Units	Lab Sample IDs 48972-15	48972-16
PCB's (8082)			
Aroclor-1016	%	27 %	<50 %
Aroclor-1260	%	38 %	<50 %
Batch ID		0924N	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448972

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

Serial Number 08611

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: St. Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	MATRIX TYPE
(AR) PROJECT MANAGER: Gulizia	P.O. NUMBER	CONTRACT NO.	
T (SITE) PM: Blanchfield	CLIENT PHONE	CLIENT FAX	
T NAME: Solutia	CLIENT E-MAIL		
NT ADDRESS			
RANY CONTRACTING THIS WORK (if applicable): Genesis Project			

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊘
DATE DUE 10-07-04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

REQUIRED ANALYSIS: PCB 8082 125ml amber

PRESERVATIVE: 4°C

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	NUMBER OF CONTAINERS SUBMITTED	REMARKS
22/04	1420	RR-3	C		/			1	

TEMP. 1.6

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				9/22/04	1500			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	9/23/04	08:50	YES ○ NO ○		5K18977	

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S449934
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/28/2004
Sampled By: Client
Sample Received Date: 10/15/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S449934
Date Received: 10/15/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-4	S449934*1	Solid	10/07/2004 15:32

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-1	RR-4	Solid	10/15/04	10/07/04 15:32	

Parameter	Units	Lab Sample IDs 49934-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<410
Aroclor-1221	ug/kg dw	<840
Aroclor-1232	ug/kg dw	<410
Aroclor-1242	ug/kg dw	<410
Aroclor-1248	ug/kg dw	490P J
Aroclor-1254	ug/kg dw	3400
Aroclor-1260	ug/kg dw	2800
Aroclor 1268	ug/kg dw	2200
Surrogate - TCX *	%	*F33
Surrogate - DCB *	%	*F33
Percent Solids		80
Dilution Factor		10
Prep Date		10/19/04
Analysis Date		10/20/04
Batch ID		1019T
Quantitation Factor		10.00

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-2	Method Blank	Solid	10/15/04		
49934-3	Lab Control Standard % Recovery	Solid	10/15/04		
49934-4	LCS Accuracy Control Limit (%R)	Solid	10/15/04		
49934-5	Analyst Initials (First Initial.Last Name)	Solid	10/15/04		

Parameter	Units	Lab Sample IDs 49934-2	49934-3	49934-4	49934-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	91 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	100 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	82 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	94 %	129 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		10/19/04	10/19/04		
Analysis Date		10/20/04	10/20/04		
Batch ID		1019T	1019T		
Quantitation Factor		1.000			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-6	LCS - 093 Custom	Solid	10/15/04		
49934-7	True Value - 093 Custom	Solid	10/15/04		
49934-8	% Recovery - 093 Custom	Solid	10/15/04		
49934-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 49934-6	49934-7	49934-8	49934-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1200	1500	80 %	44-188 %
Aroclor-1254	ug/kg dw	3100	3000	103 %	45-170 %
Aroclor-1260	ug/kg dw	2900	2000	145 %	51-178 %
Aroclor 1268	ug/kg dw	1300	1500	87 %	52-137 %
Surrogate - TCX *	%	120	160	70 %	30-150 %
Surrogate - DCB *	%	300	160	176 %*F36	30-150 %
Dilution Factor		1		1	
Prep Date		10/19/04		10/19/04	
Analysis Date		10/20/04		10/20/04	
Batch ID		1019T	1019T	1019T	
Quantitation Factor		9.967			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-10	Matrix Spike Result (2823-3B-7 Log#S449962)	Solid	10/15/04		
49934-11	Matrix Spike % Recovery	Solid	10/15/04		
49934-12	Matrix Spike Duplicate Result	Solid	10/15/04		
49934-13	Matrix Spike Duplicate % Recovery	Solid	10/15/04		
49934-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 49934-10	49934-11	49934-12	49934-13	49934-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	260	68 %	240	63 %	24-132 %
Aroclor-1260	ug/kg dw	450	79 %	420	71 %	28-153 %
Surrogate - TCX *	%	12	63 %	11	58 %	30-150 %
Surrogate - DCB *	%	180	947 %*F36	180	947 %*F36	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		10/19/04	10/19/04	10/19/04	10/19/04	
Analysis Date		10/20/04	10/20/04	10/20/04	10/20/04	
Batch ID		1019T	1019T	1019T	1019T	
Quantitation Factor		1.000		1.000		

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
49934-15	Precision (%RPD) MS/MSD	Solid	10/15/04		
49934-16	MS Precision Advisory Limit (%RPD)	Solid	10/15/04		

Parameter	Units	Lab Sample IDs 49934-15	49934-16
PCB's (8082)			
Aroclor-1016	%	8.0 %	<50 %
Aroclor-1260	%	6.9 %	<50 %
Batch ID		1019T	

Order Number: S449934

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.

Serial Number 21950

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PAGE 1 : 1 OF

PROJECT REFERENCE: ~~Ratliff~~ RB 11th st ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL
STL (LAB) PROJECT MANAGER: L. Culizia	P.O. NUMBER	CONTRACT NO.
CLIENT (SITE) PM: C. Branchfield	CLIENT PHONE	CLIENT FAX
CLIENT NAME: Solutia	CLIENT E-MAIL	
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project Inc. / Golden		

STANDARD REPORT DELIVERY ○ DATE DUE 10/29/04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○ DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT:

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: 4oz Amber PCB 8082	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/7/04	1532	RR-4	G		✓			1	1	Level II

4°C PRESERVATIVES

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS			Kimberly G Burt	10/14/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT: YES ○ NO ○	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
[signature]	10/15/04	0910			5499954	

STL8240-680 (12/02)

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S450501
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 11/16/2004
Sampled By: Client
Sample Received Date: 10/29/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S450501
Date Received: 10/29/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-5	S450501*1	Solid	10/27/2004 13:36

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-1	RR-5	Solid	10/29/04	10/27/04 13:36	

Parameter	Units	Lab Sample IDs 50501-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<160
Aroclor-1221	ug/kg dw	<320
Aroclor-1232	ug/kg dw	<160
Aroclor-1242	ug/kg dw	<160
Aroclor-1248	ug/kg dw	740
Aroclor-1254	ug/kg dw	2700
Aroclor-1260	ug/kg dw	1600
Aroclor 1268	ug/kg dw	820
Surrogate - TCX *	%	55 %
Surrogate - DCB *	%	800 %*F36
Percent Solids		84
Dilution Factor		4
Prep Date		11/09/04
Analysis Date		11/11/04
Batch ID		11090
Quantitation Factor		4.000

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-2	Method Blank	Solid	10/29/04		
50501-3	Lab Control Standard % Recovery	Solid	10/29/04		
50501-4	LCS Accuracy Control Limit (%R)	Solid	10/29/04		
50501-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 50501-2	50501-3	50501-4	50501-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	61 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	73 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	48 %	52 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	70 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		11/09/04	11/09/04		
Analysis Date		11/11/04	11/11/04		
Batch ID		11090	11090		
Quantitation Factor		1.000			

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-6	LCS - 093 Custom	Solid	10/29/04		
50501-7	True Value - 093 Custom	Solid	10/29/04		
50501-8	% Recovery - 093 Custom	Solid	10/29/04		
50501-9	Accuracy Limits - 093 Custom				

Parameter	Units	Lab Sample IDs 50501-6	50501-7	50501-8	50501-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	1200	1500	80 %	44-188 %
Aroclor-1254	ug/kg dw	2500	3000	83 %	45-170 %
Aroclor-1260	ug/kg dw	1800	2000	90 %	51-178 %
Aroclor 1268	ug/kg dw	1300	1500	87 %	52-137 %
Surrogate - TCX *	%	82	170	48 %	30-150 %
Surrogate - DCB *	%	160	170	94 %	30-150 %
Dilution Factor		1		1	
Prep Date		11/09/04		11/09/04	
Analysis Date		11/11/04		11/11/04	
Batch ID		11090	11090	11090	
Quantitation Factor		10.00			

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-10	Matrix Spike Result (Batch)	Solid	10/29/04		
50501-11	Matrix Spike % Recovery	Solid	10/29/04		
50501-12	Matrix Spike Duplicate Result	Solid	10/29/04		
50501-13	Matrix Spike Duplicate % Recovery	Solid	10/29/04		
50501-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 50501-10	50501-11	50501-12	50501-13	50501-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	420	105 %	460	115 %	24-132 %
Aroclor-1260	ug/kg dw	1600	0 %*F61	1800	50 %	28-153 %
Surrogate - TCX *	%	9.8	49 %	11	55 %	30-150 %
Surrogate - DCB *	%	140	700 %*F36	130	650 %*F36	30-150 %
Dilution Factor		4	4	4	4	
Prep Date		11/09/04	11/09/04	11/09/04	11/09/04	
Analysis Date		11/11/04	11/11/04	11/11/04	11/11/04	
Batch ID		11090	11090	11090	11090	
Quantitation Factor		4.000		4.000		

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
50501-15	Precision (%RPD) MS/MSD	Solid	10/29/04		
50501-16	MS Precision Advisory Limit (%RPD)	Solid	10/29/04		

Parameter	Units	Lab Sample IDs 50501-15	50501-16
PCB's (8082)			
Aroclor-1016	%	9.1 %	<50 %
Aroclor-1260	%	12 %	<50 %
Batch ID		11090	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S450501

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F61 = The recoveries of the matrix spikes are outside advisory limits due to the abundance of the target analyte in the sample.

Serial Number 35108

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE	PROJECT NO.	PROJECT LOCATION (STATE)
11th Street Ditch		AL
STL (LAB) PROJECT MANAGER	P.O. NUMBER	CONTRACT NO.
L. Goliza		
CLIENT (SITE) PM	CLIENT PHONE	CLIENT FAX
C. Branchfield		
CLIENT NAME	CLIENT E-MAIL	
Solutia		
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable)		
Genesis Project / Golder		

PAGE 1 OF 1

STANDARD REPORT DELIVERY ☒
DATE DUE 11/12/04

EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____

NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	MATRIX: AQUEOUS (WATER)	MATRIX: SOLID OR SEMISOLID	MATRIX: AIR	MATRIX: NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 12 Sm/am Lab	REQUIRED ANALYSIS: 4°C PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
10/27/04	1336	RR-5	C		X					1	

TEMP. 4.0

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				10/28/04	1700			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
[signature]	10/29/04	0910	YES ○ NO ○		35804 TO 5456482 SC5 0581	

STL8240-680 (12/02)

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5480621

Number of Coolers Received: 1

Received By: MT

Project Manager: _____

Date: 10/29/04

Client: Solutia

Courier: ✓ Fed EX ____ UPS ____ Client ____ Other

Cooler Temperature(s) Upon Receipt: 4.0

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:		
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	NA	NA
Did samples arrive in good condition with no breakage?	✓	
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:		
Is there a COC?	✓	
Circle One: Is the COC an STL COC or a client COC?		
Is the COC filled out completely?	✓	—
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?		

**All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:
Describe all anomalous receipt situations in detail (attach additional sheets if necessary): _____

PM STAFF:
Client Contacted: ___ YES ___ NO Date: _____
Contact: _____
Resolution: _____

PM Signature: _____

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S451204
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/02/2004
Sampled By: Client
Sample Received Date: 11/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S451204
Date Received: 11/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-6	S451204*1	Solid	11/16/2004 10:09

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-1	RR-6	Solid	11/17/04	11/16/04 10:09	

Parameter	Units	Lab Sample IDs 51204-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<1800
Aroclor-1221	ug/kg dw	<3600
Aroclor-1232	ug/kg dw	<1800
Aroclor-1242	ug/kg dw	<1800
Aroclor-1248	ug/kg dw	29000
Aroclor-1254	ug/kg dw	34000
Aroclor-1260	ug/kg dw	20000
Aroclor 1268	ug/kg dw	6000
Surrogate - TCX *	%	*F33
Surrogate - DCB *	%	*F33
Percent Solids		75
Dilution Factor		40
Prep Date		11/23/04
Analysis Date		11/25/04
Batch ID		1123R
Quantitation Factor		40.00

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-2	Method Blank	Solid	11/17/04		
51204-3	Lab Control Standard % Recovery	Solid	11/17/04		
51204-4	LCS Accuracy Control Limit (%R)	Solid	11/17/04		
51204-5	Analyst Initials (First Initial.Last Name)				

Parameter	Units	Lab Sample IDs 51204-2	51204-3	51204-4	51204-5
PCB's (8082)					
	ug/kg dw	<33	54 %	24-132 %	J.KELLAR
Aroclor-1016	ug/kg dw	<67			J.KELLAR
Aroclor-1221	ug/kg dw	<33			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33	76 %	28-153 %	J.KELLAR
Aroclor-1260	ug/kg dw	<33			J.KELLAR
Aroclor 1268	%	65 %	40 %	30-150 %	J.KELLAR
Surrogate - TCX *	%	76 %	70 %	30-150 %	J.KELLAR
Surrogate - DCB *		1	1		
Dilution Factor		11/23/04	11/23/04		
Prep Date		11/25/04	11/25/04		
Analysis Date		1123R	1123R		
Batch ID		1.000			
Quantitation Factor					

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-6	LCS - 093 Custom	Solid	11/17/04		
51204-7	True Value - 093 Custom	Solid	11/17/04		
51204-8	% Recovery - 093 Custom	Solid	11/17/04		
51204-9	Accuracy Limits - 093 Custom	Solid	11/17/04		

Parameter	Units	Lab Sample IDs 51204-6	51204-7	51204-8	51204-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	800	1500	53 %	44-188 %
Aroclor-1254	ug/kg dw	2100	2900	72 %	45-170 %
Aroclor-1260	ug/kg dw	1600	1900	84 %	51-178 %
Aroclor 1268	ug/kg dw	890	1500	59 %	52-137 %
Surrogate - TCX *	%	67	170	42 %	30-150 %
Surrogate - DCB *	%	150	170	94 %	30-150 %
Dilution Factor		1		1	
Prep Date		11/23/04		11/23/04	
Analysis Date		11/25/04		11/25/04	
Batch ID		1123R	1123R	1123R	
Quantitation Factor		9.740			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-10	Matrix Spike Result (Batch)	Solid	11/17/04		
51204-11	Matrix Spike % Recovery	Solid	11/17/04		
51204-12	Matrix Spike Duplicate Result	Solid	11/17/04		
51204-13	Matrix Spike Duplicate % Recovery	Solid	11/17/04		
51204-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 51204-10	51204-11	51204-12	51204-13	51204-14
PCB's (8082)						
Aroclor-1016	ug/kg dw	190	46 %	210	51 %	24-132 %
Aroclor-1260	ug/kg dw	370	90 %	360	88 %	28-153 %
Surrogate - TCX *	%	9.3	46 %	8.8	44 %	30-150 %
Surrogate - DCB *	%	220	1100 %*F36	200	1000 %*F36	30-150 %
Dilution Factor		1	1	1	1	
Prep Date		11/23/04	11/23/04	11/23/04	11/23/04	
Analysis Date		11/25/04	11/25/04	11/25/04	11/25/04	
Batch ID		1123R	1123R	1123R	1123R	
Quantitation Factor		1.000		1.000		

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
51204-15	Precision (%RPD) MS/MSD	Solid	11/17/04		
51204-16	MS Precision Advisory Limit (%RPD)	Solid	11/17/04		

Parameter	Units	Lab Sample IDs 51204-15	51204-16
PCB's (8082)			
Aroclor-1016	%	10 %	<50 %
Aroclor-1260	%	2.7 %	<50 %
Batch ID		1123R	

SEVERN TRENT STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S451204

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.

Serial Number 24222

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

(●) STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

( ) Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: 11th Street Dilel	PROJECT NO.	PROJECT LOCATION (STATE): AL	PAGE 1 OF 1
STL (LAB) PROJECT MANAGER: L. Gulizia	P.O. NUMBER	CONTRACT NO.	STANDARD REPORT DELIVERY (●) DATE DUE 12/1/04
CLIENT (SITE) PM: C. Branchfield	CLIENT PHONE	CLIENT FAX	EXPEDITED REPORT DELIVERY ( ) (SURCHARGE) DATE DUE
CLIENT NAME	CLIENT E-MAIL		
CLIENT ADDRESS			NUMBER OF COOLERS SUBMITTED PER SHIPMENT:
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Projects, Inc.			

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 - 1254 w/ numbers	PRESERVATIVE: 4°C	NUMBER OF CONTAINERS SUBMITTED	REMARKS
11/16/04	1009	~~STA-06~~ RR-6	✓		✓					1	
		Revised per M. Price 11/19/04	(✓)		(✓)						

TEMP. 0.2

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				11/16/04	1200			
RECEIVED BY: (SIGNATURE) EMPTY CONTAINERS	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT YES (●) NO ( )	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	11/17/04	0900		24839	34517 04	

STL8240-680 (12/02)

STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 545204

Number of Coolers Received: 1

Received By: X.M

Project Manager: _____

Courier: ✓ Fed EX ____ UPS ____ Client ____ Other

Date: 11/17/04

Client: C. Brandfield

Cooler Temperature(s) Upon Receipt: _____

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:	✓	
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	✓	
Did samples arrive in good condition with no breakage?		
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:	✓	
Is there a COC?		
Circle One: Is the COC an STL Savannah COC or a client COC?	✓	
Is the COC filled out completely?	✓	
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?	✓	

** All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:
Describe all anomalous receipt situations in detail (attach additional sheets if necessary): NA

PM STAFF:
Client Contacted: ___ YES ___ NO Date: _____
Contact: _____
Resolution: _____

PM Signature: _____

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S452339
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/22/2004
Sampled By: Client
Sample Received Date: 12/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Angie Weimerskirk
for Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S452339
Date Received: 12/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
RR-7 (COMP)	S452339*1	Solid	12/16/2004 15:10

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-1	RR-7 (COMP)	Solid	12/17/04	12/16/04 15:10	

Parameter	Units	Lab Sample IDs: 52339-1
PCB's (8082)		
Aroclor-1016	ug/kg dw	<39
Aroclor-1221	ug/kg dw	<80
Aroclor-1232	ug/kg dw	<39
Aroclor-1242	ug/kg dw	<39
Aroclor-1248	ug/kg dw	<39
Aroclor-1254	ug/kg dw	150
Aroclor-1260	ug/kg dw	280
Aroclor 1268	ug/kg dw	320
Surrogate - TCX *	%	100 %
Surrogate - DCB *	%	800 %*F36
Percent Solids		84
Dilution Factor		1
Prep Date		12/20/04
Analysis Date		12/21/04
Batch ID		1220Q
Quantitation Factor		1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-2	Method Blank	Solid	12/17/04		
52339-3	Lab Control Standard % Recovery	Solid	12/17/04		
52339-4	LCS Accuracy Control Limit (%R)	Solid	12/17/04		
52339-5	Analyst Initials (First Initial.Last Name)	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-2	52339-3	52339-4	52339-5
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	67 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	82 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	76 %	65 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	82 %	76 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		12/20/04	12/20/04		
Analysis Date		12/21/04	12/21/04		
Batch ID		1220Q	1220Q		
Quantitation Factor		1.000			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-6	LCS - 093 Custom	Solid	12/17/04		
52339-7	True Value - 093 Custom	Solid	12/17/04		
52339-8	% Recovery - 093 Custom	Solid	12/17/04		
52339-9	Accuracy Limits - 093 Custom	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-6	52339-7	52339-8	52339-9
PCB's (8082)					
Aroclor-1248	ug/kg dw	740	1500	49 %	44-188 %
Aroclor-1254	ug/kg dw	1900	3000	63 %	45-170 %
Aroclor-1260	ug/kg dw	1800	2000	90 %	51-178 %
Aroclor 1268	ug/kg dw	960	1500	64 %	52-137 %
Surrogate - TCX *	%	110	170	69 %	30-150 %
Surrogate - DCB *	%	170	170	106 %	30-150 %
Dilution Factor		1		1	
Prep Date		12/20/04		12/20/04	
Analysis Date		12/21/04		12/21/04	
Batch ID		1220Q	1220Q	1220Q	
Quantitation Factor		9.901			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-10	Matrix Spike Result (Batch)	Solid	12/17/04		
52339-11	Matrix Spike % Recovery	Solid	12/17/04		
52339-12	Matrix Spike Duplicate Result	Solid	12/17/04		
52339-13	Matrix Spike Duplicate % Recovery	Solid	12/17/04		
52339-14	MS Accuracy Advisory Limit (%R)				

Parameter	Units	Lab Sample IDs 52339-10	52339-11	52339-12	52339-13	52339-14
PCB's (8082)						
Aroclor-1016	*	*F62	*F62	*F62	*F62	*F62
Dilution Factor		*	*	*	*	
Prep Date		*	*	*	*	
Analysis Date		*	*	*	*	
Batch ID		*	*	*		
Quantitation Factor		*				

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
52339-15	Precision (%RPD) MS/MSD	Solid	12/17/04		
52339-16	MS Precision Advisory Limit (%RPD)	Solid	12/17/04		

Parameter	Units	Lab Sample IDs 52339-15	52339-16
PCB's (8082)			
Aroclor-1016	%	*F62	*F62
Batch ID		*	

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S452339

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F62 = Matrix spikes were not recovered due to sample dilution required prior to analysis.

Serial Number 42145

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: 11th St Ditch	PROJECT NO.	PROJECT LOCATION (STATE): AL	PAGE 1 OF 1
STL (LAB) PROJECT MANAGER: L. Gulizia	P.O. NUMBER	CONTRACT NO.	STANDARD REPORT DELIVERY ○ DATE DUE
CLIENT (SITE) PM: L. Bamchfield	CLIENT PHONE	CLIENT FAX	EXPEDITED REPORT DELIVERY (SURCHARGE) ○ DATE DUE
CLIENT NAME: Solutia	CLIENT E-MAIL		
CLIENT ADDRESS			NUMBER OF COOLERS SUBMITTED PER SHIPMENT:
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project			

REQUIRED ANALYSIS: PCB 8082 12541/1260

PRESERVATIVE: 4°C

MATRIX TYPE (COMPOSITE (C) OR GRAB (G) INDICATE; AQUEOUS (WATER); SOLID OR SEMISOLID; AIR; NONAQUEOUS LIQUID (OIL, SOLVENT...))

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	COMPOSITE (C) OR GRAB (G)	AQUEOUS (WATER)	SOLID OR SEMISOLID	AIR	NONAQUEOUS LIQUID (OIL, SOLVENT...)	NUMBER OF CONTAINERS SUBMITTED	REMARKS
12/16/04	1510	RR-7 (comp)	C		✓			1	

TEMP. 1.0

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
EMPTY CONTAINERS				12/16/04	1645			
RECEIVED BY: (SIGNATURE)	**DATE**	**TIME**	**RECEIVED BY: (SIGNATURE)**	**DATE**	**TIME**	**RECEIVED BY: (SIGNATURE)**	**DATE**	**TIME**
EMPTY CONTAINERS								

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
Jan Thomas	12/17/04	0901	YES ○ NO ○		SAS2339	

STL8240-680 (12/02)

SEVERN TRENT STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5452339, 2340

Number of Coolers Received: 1

Received By: MT Date: 12/17/04

Project Manager: Client: Solutia

Courier: ✓ Fed EX ____UPS ____Client ____Other

Cooler Temperature(s) Upon Receipt: 1.0

	YES	NO*
Is cooler temperature ≤6°C, with no frozen samples? NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).	✓	
Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list:		
Are custody seals intact, if used? If no seals are used, then write NA in space provided:	NA	
Did samples arrive in good condition with no breakage?	✓	
Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list:		
Is there a COC?	✓	
Circle One: Is the COC an STL Savannah COC or a client COC?		
Is the COC filled out completely?	✓	
Is the COC filled out in ink and signed?	✓	
Are all sample containers labeled?	✓	
Are all sample labels legible?	✓	
Are all samples listed on COC included in cooler?	✓	
Are all samples included in cooler listed on COC?	✓	
Do sample IDs on containers match sample IDs on COC?	✓	
Do containers contain sufficient volumes?		

** All boxes checked 'NO' require PM notification and completion of next 2 sections.*

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary): _____

PM STAFF:

Client Contacted: ___YES ___NO

Contact: _____ Date: _____

Resolution: _____

PM Signature: _____

APPENDIX M

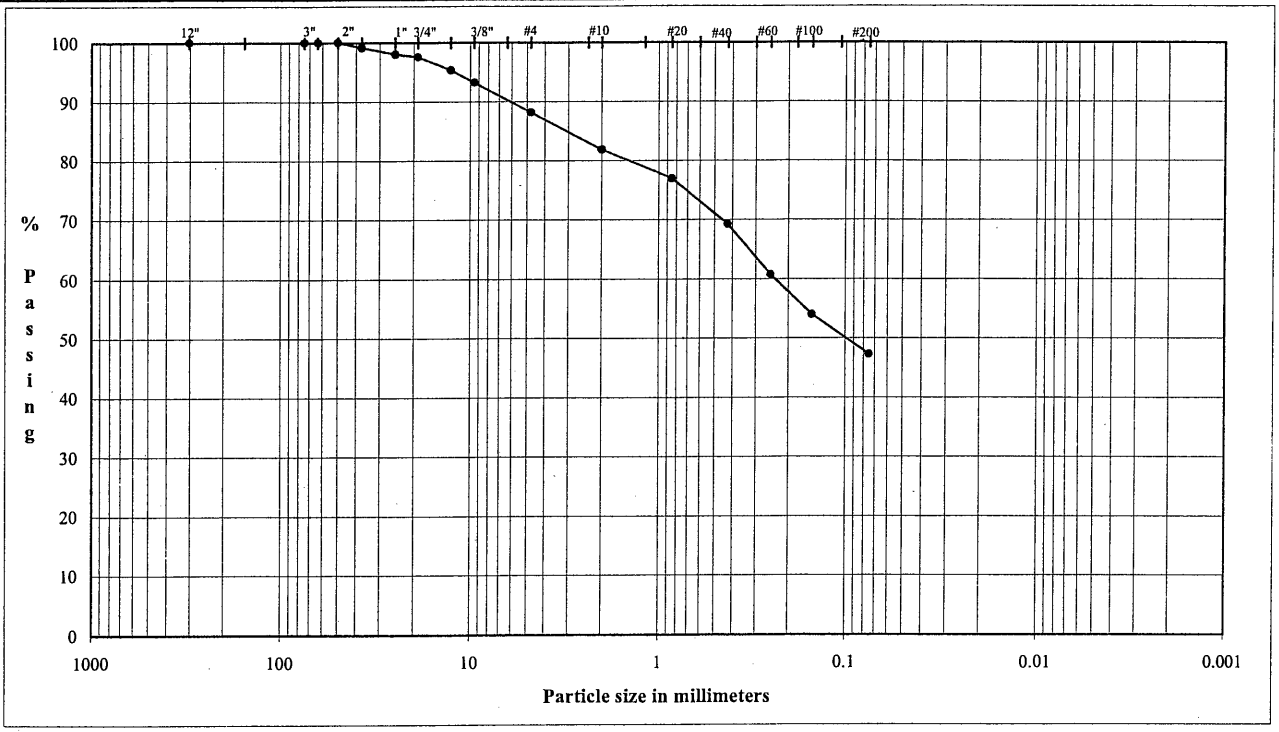
IMPORTED COMMON FILL DOCUMENTATION

JULY 2004 043-3746

PARTICLE SIZE DISTRIBUTION & ATTERBERG LIMITS

ASTM D421, D422, D4318

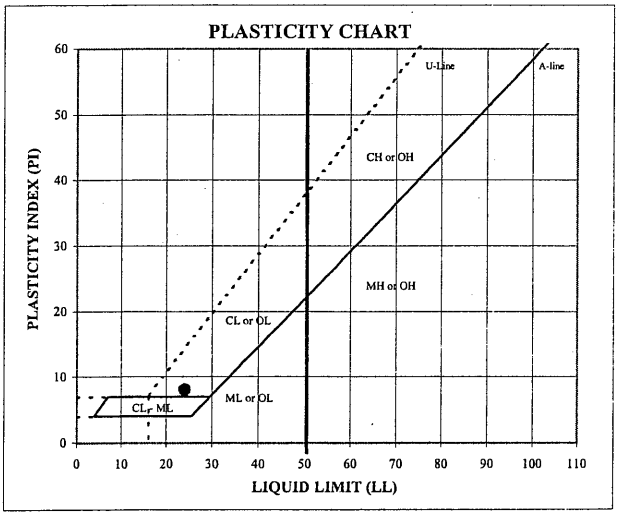
PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
SAMPLE ID: MH-SP-1 - Depth: -
TYPE: Bulk



COBBLES	GRAVEL		SAND			FINES
	Coarse	Fine	Coarse	Medium	Fine	Silt or Clay

U.S. Standard Sieves Sizes and Numbers

	Particle Size (mm)	% Passing	Particle Size Classification	Percentage
12.0"	304.8	100.0		
3.0"	75.0	100.0	Cobbles	0.00
2.5"	63.5	100.0		
2.0"	50.0	100.0		
1.5"	37.5	99.1		
1.0"	25.0	98.0		
0.75"	19.0	97.5	Coarse Gravel	2.45
0.50"	12.7	95.3		
0.375"	9.5	93.2		
#4	4.8	88.2	Fine Gravel	9.35
#10	2.0	81.8	Coarse Sand	6.37
#20	0.85	76.9		
#40	0.43	69.2	Medium Sand	12.65
#60	0.25	60.7		
#100	0.15	54.0		
#200	0.075	47.3	Fine Sand	21.88
			Fines	47.30



ATTERBERG LIMITS
Method -B (Dry preparation)

M_c	LL	PL	PI	LI
15.4	24	16	8	-0.02

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS: SC

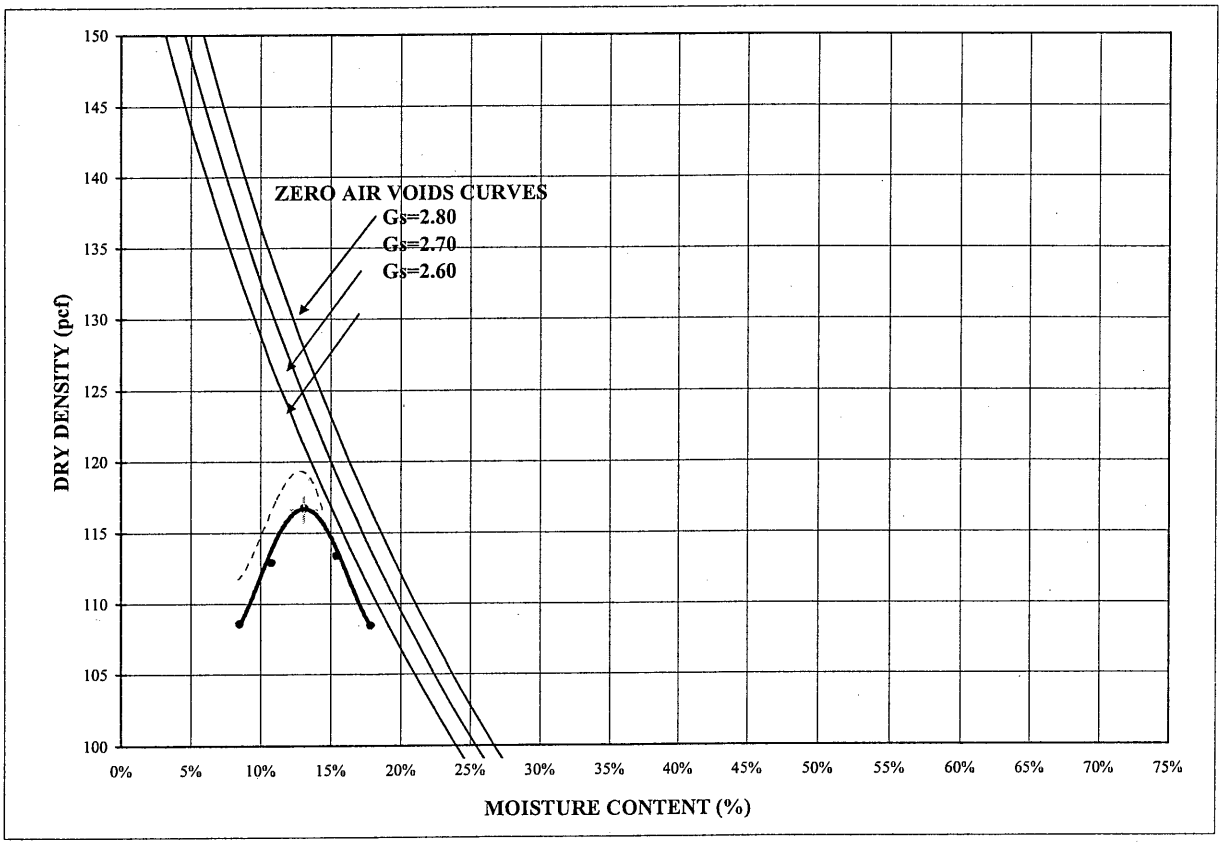
LL (oven-dried) / < 0.75 = ORGANIC (OL/OH)

TECH	PWM/TJ/JH
DATE	02/04/02
CHECK	
REVIEW	

MOISTURE / DRY DENSITY CURVE
ASTM D 698 Method A

Mechanical	Standard	Wet Method

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
PROJECT NUMBER: 043-3746
SAMPLE ID: MH-SP-1 - DEPTH: - SAMPLE TYPE: Bulk



COMPACTION POINTS		
Specimen Number	Dry Density (pcf)	Moisture Content (%)
1	108.6	8.5%
2	112.8	10.8%
3	116.7	13.1%
4	113.4	15.4%
5	108.4	17.8%

Maximum Dry Density (pcf)	116.6
Optimum Moisture (%)	13.1
Corrected Maximum Dry Density (pcf)	119.2
Corrected Optimum Moisture (%)	12.5
As-Received Moisture Content	15.4%
% Retained on # 4 sieve	11.0%
% Retained on 3/8" sieve	
% Retained on 3/4" sieve	

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS: SC

CHECK
REVIEW

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S445945A
SDG Number:
Client Project ID:
Project: Anniston PCB/Residential Borrow Source
Report Date: 07/20/2004
Sampled By: Client
Sample Received Date: 07/02/2004
Requisition Number:
Purchase Order: 4508648709 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S445945A
Date Received: 07/02/2004

Client: Golder Associates, Inc.
Project: Anniston PCB/Residential Borrow Source

Client Sample ID	Lab Sample ID	Matrix	Date Sampled
MH-SP-1	S445945A*1	Solid	07/01/2004 13:42
SB-1	S445945A*2	Solid	07/01/2004 14:36
SSP-1	S445945A*3	Solid	07/01/2004 14:56

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-1	MH-SP-1	Solid	07/02/04	07/01/04 13:42	
45945A-2	SB-1	Solid	07/02/04	07/01/04 14:36	
45945A-3	SSP-1	Solid	07/02/04	07/01/04 14:56	

Parameter	Units	Lab Sample IDs 45945A-1	45945A-2	45945A-3
PCB's (8082)				
Aroclor-1016	ug/kg dw	<38	<35	<33
Aroclor-1221	ug/kg dw	<77	<72	<67
Aroclor-1232	ug/kg dw	<38	<35	<33
Aroclor-1242	ug/kg dw	<38	<35	<33
Aroclor-1248	ug/kg dw	<38	<35	<33
Aroclor-1254	ug/kg dw	<38	<35	200P
Aroclor-1260	ug/kg dw	<38	<35	470
Aroclor 1268	ug/kg dw	<38	<35	210
Surrogate - TCX *	%	46 %	72 %	59 %
Surrogate - DCB *	%	74 %	56 %	118 %
Percent Solids		87	93	100
Dilution Factor		1	1	1
Prep Date		07/06/04	07/06/04	07/06/04
Analysis Date		07/09/04	07/09/04	07/09/04
Batch ID		0706N	0706N	0706N
Quantitation Factor		1.000	1.000	1.000

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-4	Method Blank	Solid	07/02/04		
45945A-5	Lab Control Standard % Recovery	Solid	07/02/04		
45945A-6	LCS Accuracy Control Limit (%R)	Solid	07/02/04		
45945A-7	Analyst Initials (First Initial.Last Name)	Solid	07/02/04		

Parameter	Units	Lab Sample IDs 45945A-4	45945A-5	45945A-6	45945A-7
PCB's (8082)					
Aroclor-1016	ug/kg dw	<33	94 %	24-132 %	J.KELLAR
Aroclor-1221	ug/kg dw	<67			J.KELLAR
Aroclor-1232	ug/kg dw	<33			J.KELLAR
Aroclor-1242	ug/kg dw	<33			J.KELLAR
Aroclor-1248	ug/kg dw	<33			J.KELLAR
Aroclor-1254	ug/kg dw	<33			J.KELLAR
Aroclor-1260	ug/kg dw	<33	91 %	28-153 %	J.KELLAR
Aroclor 1268	ug/kg dw	<33			J.KELLAR
Surrogate - TCX *	%	94 %	82 %	30-150 %	J.KELLAR
Surrogate - DCB *	%	94 %	82 %	30-150 %	J.KELLAR
Dilution Factor		1	1		
Prep Date		07/06/04	07/06/04		
Analysis Date		07/08/04	07/08/04		
Batch ID		0706N	0706N		
Quantitation Factor		1.000			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

Lab Sample ID	Description	Matrix	Date Received	Date Sampled	SDG#
45945A-8	LCS - 093 Custom	Solid	07/02/04		
45945A-9	True Value - 093 Custom	Solid	07/02/04		
45945A-10	% Recovery - 093 Custom	Solid	07/02/04		
45945A-11	Accuracy Limits - 093 Custom	Solid	07/02/04		

Parameter	Units	Lab Sample IDs 45945A-8	45945A-9	45945A-10	45945A-11
PCB's (8082)					
Aroclor-1248	ug/kg dw	1900	1500	127 %	44-188 %
Aroclor-1254	ug/kg dw	3900	3000	130 %	45-170 %
Aroclor-1260	ug/kg dw	3000	2000	150 %	51-178 %
Aroclor 1268	ug/kg dw	1600	1500	107 %	52-137 %
Surrogate - TCX *	%	120	170	70 %	30-150 %
Surrogate - DCB *	%	190	170	112 %	30-150 %
Dilution Factor		1		1	
Prep Date		07/06/04		07/06/04	
Analysis Date		07/09/04		07/09/04	
Batch ID		0706N	0706N	0706N	
Quantitation Factor		10.00			

STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S445945A

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

Serial Number 33804

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

○ Alternate Laboratory Name/Location

Phone:
Fax:

PROJECT REFERENCE: Resident in Sampling	PROJECT NO.	PROJECT LOCATION (STATE): AL
STL (LAB) PROJECT MANAGER: Fuller	P.O. NUMBER	CONTRACT NO.
CLIENT (SITE) PM: C Blanchfield	CLIENT PHONE	CLIENT FAX
CLIENT NAME: Solutia/Monsanto	CLIENT E-MAIL	
CLIENT ADDRESS		
COMPANY CONTRACTING THIS WORK (if applicable): Genesis Project/Golder		

PAGE 1 OF 1

STANDARD REPORT DELIVERY ⊗
DATE DUE 7/14/04
EXPEDITED REPORT DELIVERY (SURCHARGE) ○
DATE DUE _____
NUMBER OF COOLERS SUBMITTED PER SHIPMENT: 1

SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	MATRIX: COMPOSITE (C) OR GRAB (G) INDICATE	MATRIX: AQUEOUS (WATER)	MATRIX: SOLID OR SEMISOLID	MATRIX: AIR	MATRIX: NONAQUEOUS LIQUID (OIL, SOLVENT,...)	REQUIRED ANALYSIS: PCB 8082 1254 in oil	REQUIRED ANALYSIS: 4°C PRESERVATIVE	NUMBER OF CONTAINERS SUBMITTED	REMARKS
7/1/04	1342	MH-SP-1	C		✓					1	Level II
↓	1436	SB-1	C		✓					1	↓
7/1/04	1456	SSP-1	C		✓					1	Level II

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RELINQUISHED BY: (SIGNATURE)	DATE	TIME
				7/1/04	1600			
RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME

LABORATORY USE ONLY

RECEIVED FOR LABORATORY BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT	CUSTODY SEAL NO.	STL SAVANNAH LOG NO.	LABORATORY REMARKS
	7/2/04	8:46	YES ○ NO ○		SL45945	

STL8240-680 (12/02)

MONSANTO/RESIDENTIAL SAMPLING/AL
SUMMARY OF SOIL DATA

Sample Identification	Sample Type	Sample Depth	Soil Classification	Natural Moisture %	Atterberg Limits				Grain Size Distribution			Compaction		Gs	Unit Weight		Permeability (cm/sec)	Additional Tests Conducted (See Notes)
					L.L.	P.L.	P.I.	L.I.	% Finer No. 4 Sieve	% Finer No. 200 Sieve	% Finer .005 mm	Maximum Dry Density (lb/cuft)	Optimum Moisture %		Moisture %	Dry (lb/cuft)		
MH-SP-1	Bulk	-	SC	15.4	24	16	8	-0.02	88.2	47.3	-	119.2	12.5	-	-	-	-	-

ABBREVIATIONS: LIQUID LIMIT (LL)
PLASTIC LIMIT (PL)
PLASTICITY INDEX (PI)
LIQUIDITY INDEX (LI)
SPECIFIC GRAVITY (Gs)
MOISTURE (Mc)

NOTES: T = TRIAXIAL TEST
U = UNCONFINED COMPRESSION TEST
C = CONSOLIDATION TEST
DS = DIRECT SHEAR TEST
O = ORGANIC CONTENT
P = pH

APPENDIX N

IMPORTED BALLAST DOCUMENTATION

TAYLOR CORPORATION
2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803
Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

Please find the attached copy for certification for Ballast Rock # 4 and a note from Pat at Vulcan Construction Materials, L.P., stating that "All rip-rap rock is visually inspected." They can not do an actual graduation. "All state jobs will need a State inspector to go to the plant and visually inspect product before shipment".

Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.

Vulcan Materials Company

Product Basic Gradation Statistical Summary Report

Plant:	122	Ohatchee
Product	400	#4 ASTM
Specification		#4 ASTM

Sieve/Test	Tests	Average	St Dev	Target	Specification
2" (50)	9	100.0	0.0	-	100 - 100
1 1/2" (37.5)	9	96.7	1.9	-	90 - 100
1" (25)	9	46.5	3.6	-	20 - 55
3/4" (19)	9	9.1	1.2	-	0 - 15
3/8" (9.5)	9	2.2	0.6	-	0 - 5
PAN (0)	9	0.00	0.00	-	-

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual graduation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

Pat Brown - cell - (205) 296-6262

off.

P.S. Let me KNOW if there is ANYthing else you need.

APPENDIX O

IMPORTED DGA DOCUMENTATION

VULCAN MATERIALS COMPANY

FAX SHEET

TO: Taylor Corp

FAX NUMBER: 835-1803

FROM: Vulcan Materials Chatchee

TELEPHONE NUMBER: (256) 892-3192
FAX NUMBER: (256) 892-3543

MESSAGE: Dense Grade Base Type B sent to Taylor Corp. meets state requirements. (Monsanto Job)

Plant Supervisor — Casey Black — Casey Black

Quality Control Tech. — Josh Graham — Josh Graham

TOTAL PAGES INCLUDING FAX SHEET: 1

APPENDIX P

IMPORTED RIP RAP AND SURGE STONE DOCUMENTATION

TAYLOR CORPORATION
2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803
Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

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Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.

Vulcan Materials Company

Product Basic Gradation Statistical Summary Report

Plant:	122	Chatchee
Product	400	#4 ASTM
Specification		#4 ASTM

Sieve/Test	Tests	Average	St Dev	Target	Specification
2" (50)	9	100.0	0.0	-	100 - 100
1 1/2" (37.5)	9	96.7	1.9	-	90 - 100
1" (25)	9	46.5	3.6	-	20 - 55
3/4" (19)	9	9.1	1.2	-	0 - 15
3/8" (9.5)	9	2.2	0.6	-	0 - 5
PAN (0)	9	0.00	0.00	-	-

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual graduation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

Pat Brown - cell - (205) 296-6262

off.

P.S. Let me Know if there is Anything else you need..

APPENDIX Q

DITCH SUBGRADE
FIELD DENSITY TEST RESULTS

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia Rep. Fred Dempsey

Project # 04EXTAY0502Q Weather/Temperature Clear 90° Date 8.17.04

Client Taylor Const. Contractor ~~Taylor~~ FP & Enviro Tech

The technician arrived onsite, as requested by Don Williams of Solutia on Tues. 8.17.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia Contractor EnTact Project Number 040XTAY050Q

Date 8-17-04 Weather/Temperature Clear 90° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	1	110.0	15.2	100%	95%	4th		✓	Quadrant #4
									C-1-4-4
2	1	108.0	15.6	100%	95%	5th		✓	Quadrant #2
									C-1-5-2

Compaction Equipment Used: Vibratory ☒ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project MONSANTO 11TH STREET RESPONSE ACTION Rep. K. COBB

Project # 040X TAY 05029 Weather/Temperature M. Sunny Hi 92° Date 8-19-04

Client TAYLOR CORPORATION Contractor TAYLOR CORPORATION

The technician arrived onsite, as requested by MR. DON ELLER

of _____ on 8-19-04 (11:00AM) to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the D 698 STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included:	
Observation ✓	Drawings

REPORT OF FIELD DENSITY TESTS

Project MONSANTO 11TH STREET RESPONSE ACTION Contractor TAYLOR CORPORATION Project Number 04QXTAY05029

Date 8-19-04 Weather/Temperature M. Sunny Hi 92° Technician K. COBB

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☑

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	1	110.6	13.73	100	95	SUB GRADE		✓	STATION # 6+03

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☑ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☑ Client ☑ GC ☐ Grading Contractor ☑ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☑ Client ☑ GC ☐ Grading Contractor ☑ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with FAX TO TAYLOR
of (company) CORPORATION

Remarks:

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	14.5	STD	DARK SAND & RED CLAY MIX	
2	81.0	18.5	STD	DARK BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager:

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA – CANAL Rep. Fred Dempsey

Project # 040XTAY05020 Weather/Temperature Cloudy 85° Date 8·23·04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by DON ELLER of SOLUTIA on MON. 8·23·04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 81 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA - CANAL Contractor TAYLOR Project Number 040XTA405020

Date 8.23.04 Weather/Temperature Cloudy 85° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	79.0	20.4	98%	95%	SIG		1	C-DITCH 4+00
2-	1	80.0	20.8	99%	1	1		1	1

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	14.5	STD.	DK. BR. SNDY SILTY CLAY	
2-	81.0	18.5	1	BLACK SILTY	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA - RETENTION - CANAL Rep. FRED DEMPSEY

Project # 040XTAY0502Q Weather/Temperature CLOUDY 88 Date 8.25.04

Client TAYLOR CORP. Contractor TAYLOR - ENTACT

The technician arrived onsite, as requested by CHRIS of TAYLOR on WEDS. 8.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1 Density Reports
Additional Reports Included:
Observation X Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA – ~~Rentron~~ FP Retention – CANAL Contractor TAYLOR – ENTACT Project Number CAOXTAY0502@

Date 8.25.04 Weather/Temperature Cloudy 88° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.4	17.0%	96.6%	95%	6th		✓	C-1-6-4 QUADRANT
2-	1	103.0	14.0%	96%	"	7th		✓	C-1-7-2 QUADRANT
3-	*3	80.5	16.0%	99%	"	SIG		✓	C-1-1+50 CANAL
4-	*2	101.3	9.2%	95%	"	"			C-1-0+95 "
5-	3	9 ~~12~~ FP	14%	100%	"	"			C-1-2+70 "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.6	15.6	STD	DK. BR. / BLACK SNDY SILT;	
2-	107.0	14.5	"	PRT BR. SNDY SILT & CL	
3-	81.0	18.5		BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLITIA - CANAL Rep. FRED DEMPSEY

Project # 040XTAY 05020 Weather/Temperature P/C 90° Date 8.27.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 8.27.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia – Canal Contractor TAYLOR Project Number 040XTAY0502

Date 8.27.04 Weather/Temperature P/C 90° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	2	80.5	20%	99%	95%	SLG		✓	C-3 7+88 Ditch
2	1	89	21%	100%	95	SLG		✓	C-3 7+50 "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☐ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	14.5	STD	DK. BR. SIS & CL.	
2	81.0	18.5	1	BLACK SANDY	
3					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. FRED DEMPSEY

Project # 04XTAY05020 Weather/Temperature P/C 85° Date 8.31.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on TUES. 8.31.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia – Canal Contractor Taylor Project Number 04OXTAY055D2Q

Date 8.31.04 Weather/Temperature P/C 85° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1-	103.0	14.0	96.3	95	SITE		1	D-2 Ditch 0+90
2-	1	105	12.5	98.1	95	1		1	D-2 Ditch 1+85

Compaction Equipment Used: Vibratory ☒ STD Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☒ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	14.5	STD	Dk. Br. sndy silty Cl.	
2-	97.0	18.5	"	Bl. sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.9.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on THURS. 9.9.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTAY052-D

Date 9.9.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☑

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	110.0	14.5	100	95	SG		✓	DITCH -B- 8+90
2-	|	101.5	14.0	95	|	|		✓	| 8+50
3-	|	101.4	13	95	|	|		✓	| 7+60
4	|	103	15	95	|	|		✓	| 6+85

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☒ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	14.5	STP	DK. RED SLS & CLAY	
2	81	18.5	"	BLACK SANDY	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.11.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on SAT. 9.11.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SoLuTia (CANAL) Contractor TAYLOR Project Number 040XTAYDS02

Date 9.11.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	91	20	100	95	S/G		✓	B-DITCH - 5+15
2-	1	94	17	100	1	S/G		✓	B- DITCH - 4+50

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107	14.5	STD	DK. BR. SLS & CL.	
2	81	18.5	"	BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solana (Canal) (Retention) G.A.I. Rep. Fred Dempsey

Project # 04OXTAY05028 Weather/Temperature Cloudy / 74° Date 9.13.04

Client Taylor Contractor Taylor / Entact

Gallet And Associates Representative arrived on job site as Requested by Chris of Taylor Construction.

GAI Rep Tested concrete & made 1 set of 3 cyl.

GAI Rep. also spoke with Tracy of Entact, he requested new coil sample picked up for new pd.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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PROJECT OBSERVATION REPORT

Project Solutia - CANAL - Retention Rep. Fred Dempsey

Project # 040XTAY0502R Weather/Temperature Clear - 75° Date 9.20.04

Client TAYLOR Contractor TAYLOR - ENTACT

The technician arrived onsite, as requested by CHRIS / TRACY of TAYLOR / ENTACT on MON. 9.20.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

RETENTION area had 2 quadrants To fail, TRACY of ENTACT SCARIFIED MATERIAL & allowed material To dry & Re Rolled.

GALLET Rep. RETURN THIS AFTERNOON & RETESTED, Quadrants #3 & #4 passed as indicated in density Report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 2 Density Reports
Additional Reports Included:
Observation X Drawings

REPORT OF FIELD DENSITY TESTS

Project Solution - Canal - Retention Contractor Taylor / Entact Project Number 040XTAy

Date 9.20.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	103.0	16.4	96	95%	S/G		✓	B. Ditch - 20+00
2-	"	104.0	16.0	97	"	"		✓	" - 19+75
3-	"	105.0	14.0	98	"	"		✓	" - 18+5
4-	"	105.0	13.5	98	"	"		✓	" - 17+50
5-	"	105.3	16.4	98	"	"		✓	" - 15+80
6-	"	103.0	13.0	96	"	"		✓	" - 15+50
7.	1	98.0	24.0	92	"	8th	✓		C-1-8-4 - Retention
8-	"	99.0	23.0	93	"	9th	✓		C-1-9-3 - "
9.	"	104.0	16.0	97	"	9th		✓	C-1-9-1 - "

Am

lot 1st

other report

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	102.0	15.6	STD	DK Br. Black sandy silt	
2-	107.0	14.5	"	DK Br. Sandy silt w Cl.	
3-	81.0	18.5	"	Black sand	
4-	109.4	10.2	"	DK Br. sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

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Page 2 of 2	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - Canal - Retention Contractor Taylor - Enfact Project Number 040XTAY0552

Date 9.20.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
10-	1	112.8	13.0	100%	95%	9th		✓	C-1-9-2 - Retention
11-	1	108.0	17.4	100%	1	8th		✓	C-1-8-4 - 1
12-	1	104.0	17.0	97%	1	9th		✓	C-1-9-3 - 1

Fferson Re-Test Re-Test 4 Not 1th t. 1 nother roject

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: #11, 12 Re-Test, Refer To #7 1st page of density Report

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	DK BR. Black Sandy SILT	
2-	102.0	14.5	1	DK. BR. Sandy SILTY CL	
3-	81.0	18.5	1	BLACK SAND	
4-	108.4	10.2	1	DK BR. Sand	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) Rep. Fred Dempsey

Project # 040XTAY05020 Weather/Temperature Clear 79° Date 9.21.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Tues. 9.21.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

GALLET Rep. spoke with CHRIS of TAYLOR CONST., He Requested Compaction Test along North slopes of CANAL, LOCATIONS INDICATED IN density REPORT.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1 Density Reports	
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY3502

Date 9.21.04 Weather/Temperature CLEAR 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	2	102.5	14.7	96%	95%	S/G			B-DITCH – 16+55
2-	"	102.0	14.8	95%	"	"	"	"	" – 16+05
3-	"	102.0	15.5	95%	"	"	"	"	" – 15+55
4	"	105.0	15.0	98%	"	"	"	"	" – 15+10
5-	"	104.0	15.2	97%	"	"	"	"	" – 14+14

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK. BR. BLI. SNDY SLT	
2	107.0	14.5	"	DK. BR. SNDY SLT W/CL.	
3	81.0	18.5	"	BL. SAND	
4	108.4	10.2	"	DK. BR. SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 040XTAY0502 Weather/Temperature Clear 88° Date 9-24-04

Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES Representative arrived on job site as Requested by CHRIS OF TAYLOR CONST., CHRIS Requested Testing of CONCRETE, He WANTED SLUMP - 2.5" & Temp. 88°.

GALLET Rep. HAS been requested To RETURN TOMARROW 9.25.04, SATURDAY FOR density TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included:	
Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) (RETENTION) Contractor TAYLOR Project Number 040XTAYDS-22Q

Date 9.25.04 Weather/Temperature CLEAR 85° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1	5	125.5	12.0	100%	95%	1ST		✓	C-UTILITY DITCH STA. 12+95
2		124.0	13.0	100%	95%	CAP		✓	PHASE II NW CORNER
3		118.0	13.6	99%	95%	CAP		✓	" " SE CORNER
4		116.0	13.0	97%	95%	2ND		✓	C-UTILITY DITCH STA 15+10

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☒ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

#5 PD PROVIDED BY SOLUTIA

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107	15.6	STD	DK. BR. BLACK SNDY SILT	
2-	107	14.5	|	DK. BR. SNDY SLT W/CL	
3-	108.4	10.2	|	BLACK SAND	
4-	91	18.5	|	DK. BR. SAND	
5-	119.2	12.5	|	REDISH BR. SAND & SILT CLY	

Gen'l → 5

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

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PROJECT OBSERVATION REPORT

Project SOLUTIA CANAL Rep. FRED DEMPSEY

Project # 040XTAy105702Q Weather/Temperature CLEAR 85° Date 9.25.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 9.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) G.A.I. Rep. Fred Dempsey

Project # 045XTAYD502Q Weather/Temperature CLEAR 80° Date 10.4.04

Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS SCHEDULED.

GALLET REP. SPOKE WITH CHRIS OF TAYLOR CORP., CHRIS REQUESTED CONCRETE TESTING & DENSITY TESTING, RESULTS & LOCATIONS INDICATED ON ATTACHED DOCUMENTS.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CMR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page /	of /	Density Reports
Additional Reports Included: Observation ☒		Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (Canal) Contractor Taylor Corp. Project Number 040XTAY 0522G

Date 10.4.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1.	3	82.0	20.0	100	95%	S/G		/	D-4 - 1+10
2.	2	104.0	14.4	97	/	/		/	D-4 - 0+36

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1.	107.0	15.6	STD	Dk. Br. s/s. CL w/Stone	
2.	107.0	14.5	/	Dk. Br. S/S CL	
3-	81.0	18.5	/	Black Sand	
4.	108.4	10.2	/		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTA105-02Q Weather/Temperature Clear 80° Date 10.6.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR Corp. on Weds. 10-6-04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR CORP. Project Number 34OXTAU0702Q

Date 10.6.04 Weather/Temperature CLEAR 80° Technician FRED Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	106	17%	99%	95%	5/6		✓	STA. 8+25 – C-3
2-	1	105	18%	98%	1	1		✓	" 8+75 – C-3

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	|	DK. BR. SS CL W/STONE	
2	102.0	14.5	|	" " " "	
3	81.0	18.5	|	BLACK SAND	
~~4~~	~~[illegible]~~	~~16.4~~	|		
4	119.2	12.5	|	REDISH BR. CONCRETE FINE S/CL.	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project Solutia (Canal) Rep. Fred Dempsey

Project # 04DXTM05GLQ Weather/Temperature Cloudy 80° Date 10.7.04

Client Taylor Contractor Taylor

The technician arrived onsite, as requested by Chris

of Taylor on Thurs. 10.7.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95% % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWL

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTAYOSO2

Date 10.7.04 Weather/Temperature CLdy 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	107.5	17.0	100%	95%	SLG		1	C-5 10+60
2-	1	108.0	16.0	102%	1	1		1	C-5 10+90

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	Dk. Br. S/S w/Cl. & Stone	
2-	107.0	14.5	1	Dk. Br. S/S Cl.	
3-	81.0	18.5	1	Black sand	
4-	108.4	10.2			

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTAY05DLQ Weather/Temperature Cloudy 70° Date 10.9.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on SAT. 10.9.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95% of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04OXTA405.02G

Date 10.9.04 Weather/Temperature CLOUDY 70° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	107.1	17.3	100%	95	S/G		/	13+60 C-DITCH
2.	/	107.3	17.0	100%	/	/		/	14+75 C-DITCH

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK. RD. S/S W/CL. & STONE	
2	107.0	14.5	/	DK. RD. S/S CL.	
3	81.0	18.5	/	BLACK SOIL	
4	108.4	10.2	/		

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) Rep. Fred Dempsey

Project # 04OXTA05029 Weather/Temperature PC 70° Date 10.18.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Mon. 10.18.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 04ox-A405-20

Date 10.18.04 Weather/Temperature Cloudy 70° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	102.0	17	95%	95%	S/G		|	22+60 F-Ditch
2-	1	102.6	16.8	96%	1	1		|	23+05 F-Ditch

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.6	STD	DK BR. BL. SAND, SLT	
2	107.0	14.5	|	DK BR SAND SLT CLYCI	
3	81.0	18.5	|	BLACK SAND	
4	108.4	10.2	|	DK BR SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

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Geotechnical/Geological/Environmental/Materials Consultants

PROJECT OBSERVATION REPORT

Project Solutia (Retention) G.A.I. Rep. Fred Dempsey

Project # 040XTAM05-020 Weather/Temperature Cloudy - 75° Date 10.20.04

Client Taylor - Contractor ENTACT

GALLET AND Associates Repreesentative arrived on job site as Requested by TRACY of ENTACT TRACY Requested Moisture content IN fill Area, GAI Rep. Reported To TRACY Moisture CONTENT OF 14% - optimum is 14.5. - PHASE #3 LOCATION - TRACY Request our RETURN TOMARROW 10.21.04 To make compaction Test.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 04X7A050LQ Weather/Temperature Cloudy 75° Date 10-20-04

Client Taylor Contractor Taylor

Gallet And Associates representative arrived on job site as Requested by Chris Of Taylor Corp., Chris Requested Testing of concrete & 3 cyl., Concrete plant broke down & was ~~not~~ Not able To provide concrete, Chris Request our Return Tomarrow, 10.21.04.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: CR

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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PROJECT OBSERVATION REPORT

Project Solutia (Retention) Rep. Fred Dempsey

Project # 04OXTAM052Q Weather/Temperature Cloudy 80° Date 10.22.04

Client Taylor Contractor EnTact - (Taylor)

The technician arrived onsite, as requested by Tracy of EnTact on Thurs. 10.21.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the Standard Proctor Method. See attached density report and drawing.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CLR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (Retention) Contractor ENTACT – (TAYLOR) Project Number 04OXTAYLOR20

Date 10.22.04 Weather/Temperature Cloudy 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	102.0	17.0	95%	95%	1ST		✓	C-3-1-2
2-	1	103.0	17.5	96%	1	Neg. 1'		✓	C-3-Neg. 1-EW1
3-	1	103.4	17.6	97%	1	1ST		✓	C-3-1-3

Compaction Equipment Used: Vibratory ☒ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☒ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1-	107.0	15.6	STD	DK. Br. Black sandy silt	
2-	107.0	14.5	1	" " sandy silt w/ Cl.	
3-	81.	18.5		Black sand	
4-					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

Form No: F4

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PROJECT OBSERVATION REPORT

Project SOLUTIA CANAL Rep. Fred Dempsey

Project # 04OXTAM05.01Q Weather/Temperature Clear 80° Date 10.25.04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on Mon. 10.25.04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 04DXTAY0102A

Date 10.25.04 Weather/Temperature CLEAR 80° Technician FRED DEMPSEY

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.4	17.3	97%	95%	S/G		✓	21+25 G-DITCH
2-	"	102.6	16.8	96%	"	"		✓	20+70 " "
3-	"	103.0	17.0	96%	"	"		✓	19+65 " "
4-	"	103.7	17.2	97%	"	"		✓	18+50 " "
5-	"	107.5	16.7	100%	"	"		✓	17+50 " "

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107.0	15.4	STD	DK. BR. BL. SANDY SILT	
2	107.0	14.5	"	DK. BR. SANDY SILT W/CL.	
3	81.0	15.5	"	BLACK SND.	
4					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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Revised: 05/19/04

Form No: F4

Gallet & ASSOCIATES

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PROJECT OBSERVATION REPORT

Project Solitia (CANAL) G.A.I. Rep. Fred Dempsey

Project # 04CXTAYO5012Q Weather/Temperature Clear 75° Date 10.27.04

Client TAYLOR Contractor TAYLOR

GALLET And Associates Representative arrived on job site as Requested by CHRIS of TAYLOR Corp., CHRIS Requested Compaction TEST IN CANAL; Results & Locations Indicated IN density Report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: _____

In the above space, make comments on the following:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

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Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 04OXMAY05029

Date 10.27.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	103.5	17.0	96%	95%	S/G			G-Ditch - 13+75
2-	"	103.0	16.0	96%	"	"		"	" - 13+50
3-	"	104.5	16.5	97%	"	"		"	" - 13+00
4-	"	103.3	16.8	96%	"	"		"	" - 12+75

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☐ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☐ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD	DK. BR. BL. SNDY SILT	
2	107	14.5	"	DK. BR. SNDY SLT W/CL	
3	81	18.5	"	BL. SAND	
4					

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Gallet & ASSOCIATES

Geotechnical / Geological / Environmental / Materials Consultants

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL

☐ Marietta, GA ☐ Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey

Project # 04OXTAY05020 Weather/Temperature Clear 80° Date 10-29-04

Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS of TAYLOR on FRI. 10-30-04 to observe fill placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and moisture content of soil. Test results indicated that the materials tested met or exceeded the project requirements of 95 % of the maximum dry density and also met moisture requirements at the locations and elevations tested. The maximum dry density was obtained in our laboratory by using the SANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CWR

In the above space, make comments on the following if pertinent:

a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

Gallet & ASSOCIATES

☐ Birmingham, AL ☒ Oxford, AL ☐ Cullman, AL
☐ Marietta, GA ☐ Pensacola, FL

Page 1 of 1	Density Reports
Additional Reports Included: Observation X	Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CASAL) Contractor TAYLOR Project Number 04 OXTA 105.Q

Date 10.30.04 Weather/Temperature CLEAR 80° Technician Fred Dempsey

Test Conducted On: **Full Time Basis** ☐ **On Call per Client** ☒

Test No.	Proctor	Dry Density	% Moist	% of Proctor	% Required	Lift/Elev	Fail	Pass	Location
1-	1	105.0	16	98%	95%	SIG		1	G-Ditch - 10+75
2-	1	102.0	16	95%	1	1		1	" " - 10+00

Compaction Equipment Used: Vibratory ☐ Non-Vibratory ☐ Smooth Steel Drum ☐ Sheepsfoot ☐ Brickfoot ☐
Rubber-Tired ☐ Vibratory Plate ☐ Jumping Jack ☐ Other:

Elevations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Grade Stake ☒ Existing Grade ☐ Estimate from Landmark:

Locations are Approximate and Estimated By: Tech ☐ Client ☐ GC ☐ Grading Contractor ☒ Other:
Reference: Survey Stake ☒ Site Drawings ☐ Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

Proctor	Maximum Density	Optimum Moisture	Method	Description	% Rock
1	107	15.6	STD	DK. BR. BL. Sndy SILT	
2 3	107	14.5	1	DK. BR. Sndy SILTY CL	
	81	18.5		BLACK SAND	

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

Revised: 05/19/04

Form No: F4

APPENDIX R

NONWOVEN GEOTEXTILE DOCUMENTATION

#02275-1

MIRAFI® TECHNICAL DATA SHEET

Mirafi® 1120N

12 oz. filter fabric

Mirafi® 1120N is a nonwoven geotextile composed of polypropylene fibers, which are formed into a stable network such that the fibers retain their relative position. 1120N is inert to biological degradation and resists naturally encountered chemicals, alkalis, and acids.

Mechanical Properties	Test Method	Unit	Minimum Average Roll Value	
			MD	CD
Grab Tensile Strength	ASTM D 4632	kN (lbs)	1.34 (300)	1.34 (300)
Grab Tensile Elongation	ASTM D 4632	%	50	50
Trapezoid Tear Strength	ASTM D 4533	kN (lbs)	0.51 (115)	0.51 (115)
Mullen Burst Strength	ASTM D 3786	kPa (psi)	4030 (585)	
Puncture Strength	ASTM D 4833	kN (lbs)	0.78 (175)	
Apparent Opening Size (AOS)	ASTM D 4751	mm (U.S. Sieve)	0.150 (100)	
Permittivity	ASTM D 4491	sec^{-1}	0.8	
Permeability	ASTM D 4491	cm/sec	0.18	
Flow Rate	ASTM D 4491	$l/min/m^2$ ($gal/min/ft^2$)	2648 (65)	
UV Resistance (at 500 hours)	ASTM D 4355	% strength retained	70	

Physical Properties	Test Method	Unit	Typical Value
Weight	ASTM D 5261	g/m^2 (oz/yd^2)	387 (11.4)
Thickness	ASTM D 5199	mm (mils)	3.0 (120)
Roll Dimensions (width x length)	--	m (ft)	4.5 x 91 (15 x 300)
Roll Area	--	m^2 (yd^2)	418 (500)
Estimated Roll Weight	--	kg (lb)	175 (386)

DISCLAIMER: Ten Cate Nicolon warrants our products to be free from defects in material and workmanship when delivered to Ten Cate Nicolon's customers and that our products meet our published specifications. Contact your local Ten Cate Nicolon Representative for detailed product specification.

JPSS000357
Revision: 2

07/27/2004 00:46 2056749171 SUNSHINE ACCOUNTING PAGE 02

Product Description MIRAFI

Innovative Geotextiles

product

Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

Mirafi® Construction Products offers a wide range of nonwoven geotextiles for soil separation, filtration and protection. These geotextiles are cost-effective reinforcement elements which improve and enhance modern construction techniques in a variety of civil engineering applications.

PRODUCT DESCRIPTION

Mirafi® N-Series products are nonwoven geotextiles comprised of polypropylene staple fibers. Mirafi® N-Series Nonwoven Polypropylene Geotextiles provide excellent physical and hydraulic properties in addition to high tensile strengths.

FEATURES AND BENEFITS

- **Construction.** Mirafi® N-Series geotextiles easily conform to the ground or trench surface for trouble-free installation.
- **Strength.** Mirafi® N-Series geotextiles withstand severe installation stresses with high puncture and burst resistance.
- **Filtration.** High permeability properties provide high water flow rates while providing excellent filtration properties.
- **Environmental.** Mirafi® N-Series geotextiles are chemically stable in a wide range of aggressive environments.
- **Cost effective.** Mirafi® N-Series geotextiles provide economical solutions to many civil engineering applications including a cost-effective alternative to graded-aggregate filters.

APPLICATIONS

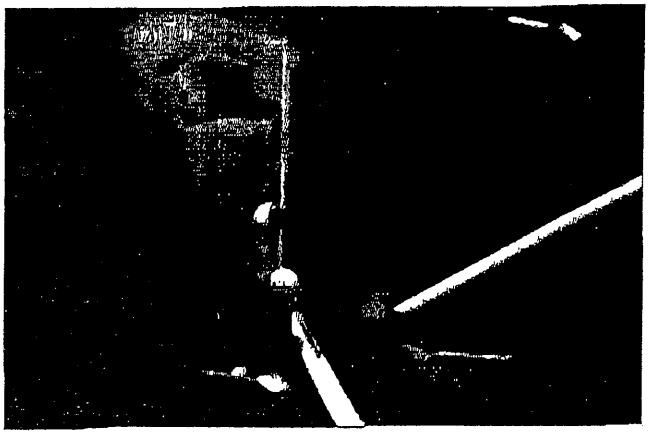
Mirafi® N-Series Nonwovens are used in a wide variety of applications including separation, filtration, and protection applications.

Lightweight nonwovens are predominantly used for subsurface drainage applications along highways, within embankments, under airfields, and athletic fields. For these drainage structures to be effective, they must have a properly designed protective filter. Mirafi® N-Series Nonwoven Geotextiles eliminate the problems of determining the aggregate gradation required to match soil conditions, finding a convenient and economical source of a specific aggregate gradation, transporting and placing graded aggregate, and assuring that the in-place aggregate gradation provides effective filter performance.

Heavyweight nonwovens are use in critical subsurface drainage systems, soil separation, permanent erosion control, and geomembrane liner protection within landfills. These geotextiles provide the required strength and abrasion resistance to withstand installation and application stresses to create an effective, long-term solution.

Mirafi® N-Series heavyweight nonwoven used as a liner protection in landfill application.

Mirafi® N-Series lightweight nonwoven used as protective filter in subsurface drainage application.



Mirafi® N-Series light weight nonwoven used as protective filter in an athletic field.

Ten Cate Nicolon

INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

General

This document is prepared to help ensure that the geosynthetic soil reinforcement, once installed, will perform its intended design function. To do so, the geosynthetic must be identified, handled, stored, and installed in such a way that its physical property values are not affected and that the design conditions are ultimately met as intended. This document contains information consistent with generally accepted practices of identifying, handling, storing, and installing geosynthetic materials. Failure to follow these guidelines may result in the unnecessary failure of the geosynthetic in a properly designed application.

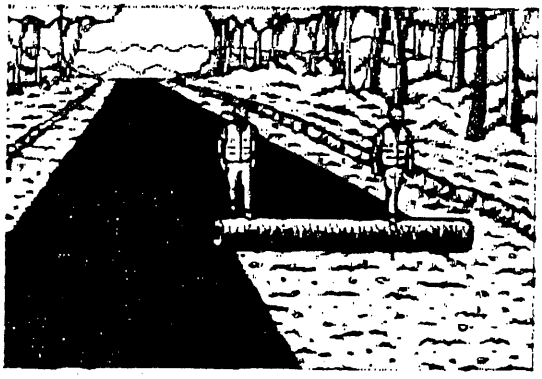
Material Identification, Storage and Handling

The geotextile shall be rolled on cores having strength sufficient to avoid collapse or other damage from normal use. Each roll shall be wrapped with a plastic covering to protect the geosynthetic from damage during shipping and handling, and shall be identified with a durable gummed label or the equivalent, clearly readable on the outside of the wrapping for the roll. The label shall show the manufacturer's name, the style number, and the roll number. Roll identification corresponding to the proposed location of the roll as shown on the construction drawings and as approved by the Engineer, Owner and Contractor can be provided.

While unloading or transferring the geosynthetic from one location to another, prevent damage to the wrapping, core, label, or to the geosynthetic itself. If the geosynthetic is to be stored for an extended period of time, the geosynthetic shall be located and placed in a manner that ensures the integrity of the wrapping, core, and label as well as the physical properties of geosynthetic. This can be accomplished by elevating the geosynthetic off the ground on dunnage and ensuring that it is adequately covered and protected from ultraviolet radiation including sunlight, chemicals that are strong acids or strong bases, fire or flames including welding sparks, temperatures in excess of 60°C (140°F), and human or animal destruction.

Geosynthetic Placement

All trees and brush should be cleared from the site. Specialized equipment with low ground pressure, as directed by the Engineer, may be required. Depending on the water table location and subgrade strength, the remaining vegetative mat may remain in place to keep near surface soils stabilized, as directed by the Engineer. For stronger



INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

Prepared by

MIRAFI®
Construction Products

365 South Holland Drive
Pendergrass, GA 30567
Tel: (706) 693-2226
Fax: (706) 693-2083
www.mirafi.com

Technical Data MIRAFI

Innovative Geotextiles

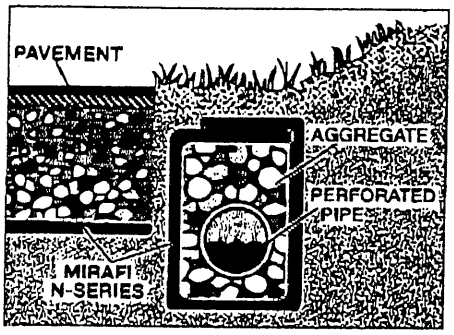
product Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

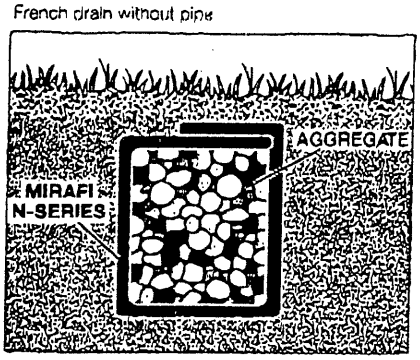
Property / Test Method	Units	140NL	140NC	140N	160N	170N	180N	1100N	1120N	1160N
MECHANICAL PROPERTIES										
Grab Tensile Strength ASTM D 4632										
Strength @ Ultimate	kN (lbs)	0.40 (90)	0.45 (100)	0.53 (120)	0.71 (160)	0.80 (180)	0.9 (205)	1.11(250)	1.34 (300)	1.69 (380)
Elongation @ Ultimate	%	50	60	50	50	50	50	50	50	50
Mullen Burst Strength	kPa	1205	1447	1550	2100	2273	2618	3445	4030	5098
ASTM D 3786	(psi)	(175)	(210)	(225)	(305)	(330)	(380)	(500)	(585)	(740)
Trapezoidal Tear Strength	kN	0.18	0.20	0.22	0.27	0.33	0.36	0.45	0.51	0.62
ASTM D 4355	(lbs)	(40)	(45)	(50)	(60)	(75)	(80)	(100)	(115)	(140)
Puncture Strength	kN	0.24	0.30	0.30	0.42	0.46	0.58	0.69	0.78	1.05
ASTM D 4833	(lbs)	(55)	(65)	(65)	(95)	(105)	(130)	(155)	(175)	(235)
UV Resistance after 500 hrs. ASTM D 4355	% strength	70	70	70	70	70	70	70	70	70
HYDRAULIC PROPERTIES										
Apparent Opening Size (AOS)	US Sieve	60	70	70	70	100	80	100	100	100
ASTM D 4751	mm	0.25	0.212	0.212	0.212	0.149	0.180	0.150	0.150	0.150
Permittivity ASTM D 4491	sec^{-1}	2.0	1.9	1.8	1.4	1.4	1.2	1.0	0.8	0.7
Flow Rate ASTM D 4491	$l/min/m^2$ ($gal/min/ft^2$)	5907 (145)	5704 (140)	5500 (135)	4477 (110)	4278 (105)	3866 (95)	3056 (75)	2648 (65)	2037 (50)
Packaging										
Roll Width	m(ft)	3.8 (12.5) 4.5 (15.0)	3.8 (12.5) 4.5 (15.0)	3.8 (12.5) 4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)	4.5 (15.0)
Roll Length	m(ft)	110 (360)	110 (360)	110 (360)	91 (300)	91 (300)	91 (300)	91 (300)	91 (300)	46 (150)
Est. Gross Weight	kg(lbs)	60 (133) 70 (160)	60 (152) 83(182)	74 (164) 89 (197)	99 (217)	110 (242)	124 (273)	154 (339)	175 (386)	110 (243)
Area	$m^2(yd^2)$	418 (500) 502 (600)	418 (500) 502 (600)	418 (500) 502(600)	418 (500)	418 (500)	418 (500)	418 (500)	418 (500)	209 (250)

NOTE: All Mechanical Properties and Hydraulic Properties shown are Minimum Average Roll Values (MARV).

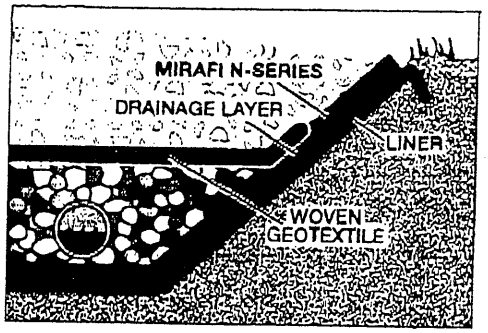
Cut-off/inceptor drain along a roadway or other critical structure



French drain without pipe



Liner protection within a landfill



www.mirafi.com

WARRANTY

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CORPORATE OFFICE

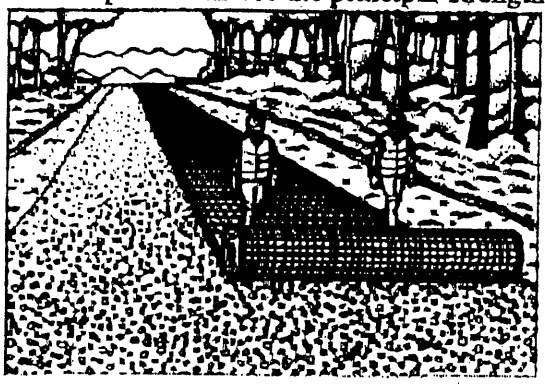
3801 South Holland Drive • Pendergrass, GA 30567

(888) 795-0808 • (706) 693-2226 • Fax (706) 693-4400

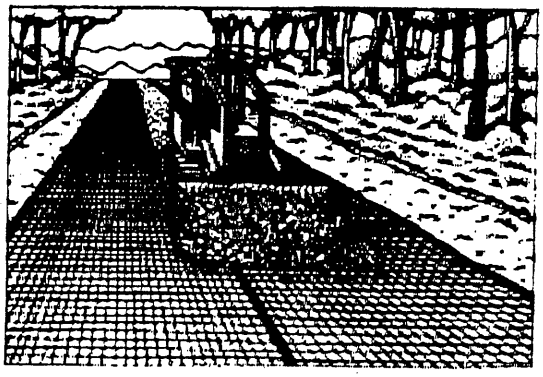
subgrades, the subgrade should be cleared of all vegetation and proof rolled.

Excessively rutting or pumping soils may be excavated and replaced with granular fill. The surface of the subgrade should be smooth and level, and depressions or humps greater than 15 cm (6 in) should be graded out.

The geosynthetic reinforcement shall be placed directly on the prepared subgrade. It should be rolled out flat and tight with no folds. The rolls should be oriented as shown on plans to insure the principal strength direction of the material is placed in the correct orientation. Adjacent rolls should be overlapped as a function of subgrade strength (CBR) as follows: 30 cm (12 in) to 45 cm (18 in) for CBR 3.0 and above; 60 cm (24 in) to 90 cm (36 in) for CBR 1.0 to 3.0, 90 cm (36 in) or more or sewn for CBR values 0.5 to 1.0; and sewn for CBR values less 0.5.

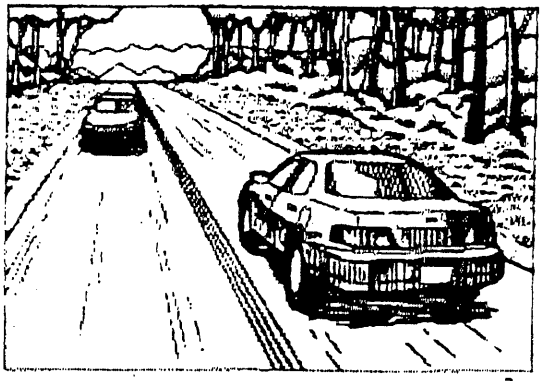


Prior to fill placement, the geosynthetic should be held in place using suitable means such as pins, piles of soil, etc. so that it doesn't move around during fill placement.



Fill Placement

Fill should be placed directly over the geosynthetic in 20 cm (8 in) to 30 cm (12 in) loose lifts. For very weak subgrades, 45 cm (18 in) lifts or thicker lifts, may be required to stabilize the subgrade, as directed by the Engineer.



Most rubber-tired vehicles can be driven at slow speeds, less than 16 km/h (10 mph) and in straight paths over the exposed geosynthetic without causing damage to the geosynthetic. Sudden braking and sharp turning should be avoided. Tracked construction equipment should not be

operated directly upon the geosynthetic. A minimum fill soil thickness of 15cm (6 in) is required prior to operation of tracked vehicles over the geosynthetic. Turning of tracked vehicles should be kept to a minimum to prevent tracks from displacing the fill and damaging the geosynthetic.

Once a stable working platform has been obtained, as determined by the Engineer, fill shall be compacted to 95% of standard Proctor density at a moisture content within $\pm$ 3 % of optimum moisture content.

APPENDIX S

GEOCOMPOSITE DOCUMENTATION

GSE

GSE STANDARD PRODUCTS

Product Data Sheet

GSE FabriNet HS Geocomposites

GSE FabriNet HS geocomposite consists of GSE HyperNet HS geonet heat-laminated on one or both sides with a GSE nonwoven needlepunched geotextile. GSE HyperNet HS is a 275 mil thick geonet manufactured from a premium grade high density polyethylene resin. For the purpose of lamination to geonets, GSE nonwoven needlepunched geotextiles are available in mass per unit area range of 6 oz/yd² (200 g/m²) to 16 oz/yd² (540 g/m²). GSE FabriNet HS geocomposites are designed and formulated to perform drainage function under a range of anticipated site loads, gradients and boundary conditions. Index properties for the product are provided in the table below. Please contact GSE for further information regarding performance under site-specific conditions.

Product Specifications

TESTED PROPERTY	TEST METHOD	FREQUENCY	MINIMUM AVERAGE ROLL VALUE[d]		
Geocomposite			**6 oz/yd²**	**8 oz/yd²**	**10 oz/yd²**
Product Code:			F72060060S	F72080080S	F72100100S
Transmissivity[a], gal/min/ft (m²/sec)	ASTM D 4716-00	1/540,000 ft²	3.38 (7.0 x 10^{-4})	3.38 (7.0 x 10^{-4})	3.38 (7.0 x 10^{-4})
Ply Adhesion, lb/in (g/cm)	GRI GC-7	1/50,000 ft²	1.0 (178)	1.0 (178)	1.0 (178)
Roll Width, ft (m)			~~14.5~~ (4.4)	14.5 (4.4)	14.5 (4.4)
Roll Length, ft (m)			180 (54)	170 (51)	160 (48)
Roll Area, ft² (m²)			2,610 (242)	2,465 (229)	2,320 (215)
Geonet core[b]					
Transmissivity[a], gal/min/ft (m²/sec)	ASTM D 4716-00		28.98 (6 x 10^{-3})	28.98 (6 x 10^{-3})	28.98 (6 x 10^{-3})
Thickness, mil (mm)	ASTM D 5199	1/50,000 ft²	275 (7)	275 (7)	275 (7)
Density, g/cm³	ASTM D 1505	1/50,000 ft²	0.94	0.94	0.94
Tensile Strength (MD), lb/in (N/mm)	ASTM D 5035	1/50,000 ft²	65 (11.5)	65 (11.5)	65 (11.5)
Carbon Black Content, %	ASTM D 1603	1/50,000 ft²	2.0	2.0	2.0
Geotextile (prior to lamination)[b,c]					
Mass per Unit Area, oz/yd² (g/m²)	ASTM D 5261	1/90,000 ft²	6 (200)	8 (270)	10 (335)
Grab Tensile, lb (N)	ASTM D 4632	1/90,000 ft²	170 (755)	220 (975)	260 (1,155)
Puncture Strength, lb (N)	ASTM D 4833	1/90,000 ft²	90 (395)	120 (525)	165 (725)
AOS, US Sieve (mm)	ASTM D 4751	1/540,000 ft²	70 (0.212)	80 (0.180)	100 (0.150)
Permittivity, (sec⁻¹)	ASTM D 4491	1/540,000 ft²	1.5	1.5	1.2
Flow Rate, gpm/ft² (l/min/m²)	ASTM D 4491	1/540,000 ft²	110 (4,480)	110 (4,480)	85 (3,460)
UV Resistance, % Retained	ASTM D 4355 (after 500 hours)	once per formulation	70	70	70

NOTES:

- [a] Gradient of 0.1, normal load of 10,000 psf, water at 70° F (20° C), between stainless steel plates for 15 minutes.
- [b] Component properties prior to lamination.
- [c] Several geotextiles are available and may be supplied as determined by GSE.
- [d] These are MARV values and are based on the cumulative results of specimens tested by GSE. AOS in mm is a maximum average roll value.

DS064 R07/07/03

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Americas	GSE Lining Technology, Inc.	Houston, Texas	800-435-2008	281-443-8564	Fax: 281-230-8650
Asia/Pacific	GSE Lining Technology Company Ltd.	Bangkok, Thailand		66-2-937-0091	Fax: 66-2-937-0097
Europe/Middle East/Africa	GSE Lining Technology GmbH	Hamburg, Germany		49-40-767420	Fax: 49-40-7674233

This product data sheet is also available on our website at:

www.gseworld.com

State of New Jersey

Richard J. Codey
Acting Governor

Department of Environmental Protection
Bureau of Risk Management, Initial Notice and Case Assignment
Underground Storage Tanks Unit
PO BOX 435
401 East State Street
Trenton, NJ 08625-0435

Bradley M. Campbell
Commissioner

Mr. Keith Schwartz
Pfizer Inc.
100 Route 206 North
Peapack, NJ 07977

MAY 0 5 2005

Re: Pfizer Inc.
100 Route 206 North
Peapack, Somerset County
Closure #N04-3268, UST #000695
Block: 20, Lot: 10

Dear Mr. Schwartz:

On April 26, 2005 the New Jersey Department of Environmental Protection (Department) received a response of the deficiency letter from Roux Associates, Inc. documenting the following steps taken for the closure of the underground storage tank system(s) at the above referenced facility, which is/are regulated under the Underground Storage of Hazardous Substance Act (**N.J.S.A. 58:10A-21 et seq**) and Implementing Regulations N.J.A.C. 7:14B et seq.

This closure consisted of the abandonment-in-place of three 40000 gallon diesel underground storage tank (UST)s, and all associated piping.

I. **Deficiencies/Requirements**

Based upon a review of the site investigation completed to date and phone conversation with Mr. Robert W. Fisler, Roux Associates, Inc., the following deficiencies shall be addressed as required below.

A. **Site Investigation**

1. The Roux Associates, Inc.'s proposal to conduct supplemental soil sampling activities to evaluate the former USTs is acceptable to the Department

Other

A. **Certification Requirements**

Effective April 25, 1992, all persons performing tank services must be certified per N.J.S.A. 58:10A-24.1-8. **All work related to any tank service shall now be conducted by, or under the immediate on site supervision of an individual certified in the activity being conducted.** All documents (tank closure and permit applications, reports, proposals) submitted to the Department shall be prepared and signed by a certified individual.

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43588

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 08/30/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131142226	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
2	131142227	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
3	131142228	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	962.00
4	131142231	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	961.00
5	131142232	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	953.00
6	131142234	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	941.00
7	131142236	3074	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	1,185.00
8	131150430	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	941.00
9	131150431	2465	SF	F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5'	948.00

TRL# 647049

Total Quantity: 22,794 Total Weight: 8,815.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed: x

Pick Up # 3488KS

Seal #

Truckers P.O. #

Driver Requirements:

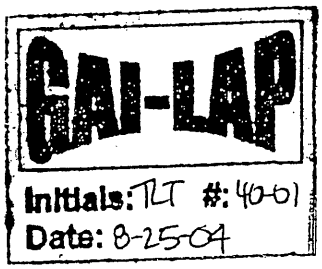
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: TEI
CARRIER SIGNATURE: John Thomas
DATE: 8-30-04

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131142226	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142227	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142228	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142231	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142232	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142234	CB24012403	F72080080S	F72080080S	3/15/2004	170
131142236	CB24012403	F72080080S	F72080080S	3/15/2004	212
131150430	CB24051004	F72080080S	F72080080S	6/2/2004	170
131150431	CB24051004	F72080080S	F72080080S	6/2/2004	170



GSE

Geocomposite Traceability

Customer Taylor Corporation
Location Oxford, AL

Job Name Ta ylor Corporation
Order 36684

Roll_No	*Product*	*Resin Lot*	*Top Geo*	*Bottom Geo*
131142226	F72080080S	CB24012403	130162569	130159326
131142227	F72080080S	CB24012403	130162569	130159326
131142228	F72080080S	CB24012403	130162569	130159326
131142231	F72080080S	CB24012403	130159319	130159326
131142232	F72080080S	CB24012403	130159319	130159327
131142234	F72080080S	CB24012403	130159319	130159327
131142236	F72080080S	CB24012403	130159319	130159327
131150430	F72080080S	CB24051004	130162207	130162218
131150431	F72080080S	CB24051004	130162207	130162218

GSE *GSE Nonwoven Technology*

Roll Test Data Summary - English Units

Product : NW8 *Item Code:* FBR0808200 *Roll Width:* 15.0 feet *Test Date:* 12/16/2003

Roll No.	*Mass per Unit Area*	*Thickness*	*Grab Strength*		*Grab Elongation*		*Trap Tear Strength*		*Puncture Strength*	*Mullen Burst Strength*	*Apparent Opening Size*	*Permittivity*	*Permeability*
	ASTM D 5261	*ASTM D 5199*	*ASTM D 4632*		*ASTM D 4632*		*ASTM D 4533*		*ASTM D 4833*	*ASTM D 3786*	*ASTM D 4751*	*ASTM D 4491*	
	(oz/yd2)	*(mils)*	*MD (lbs)*	*CD (lbs)*	*MD (%)*	*CD (%)*	*MD (lbs)*	*CD (lbs)*	*(lbs)*	*(psi)*	*(mm)*	*(sec-1)*	*(cm/sec)*
130159319	8.2	120	282	284	100	133	135	181	148	512	0.180	1.9	0.6
130159326	8.4	120	267	281	102	133	119	150	159	464	0.180	1.9	0.6
130159327	8.4	120	267	281	102	133	119	150	159	464	0.180	1.9	0.6
130162207	8.7	114	313	285	96	127	124	157	172	516	0.180	1.8	0.5
130162218	8.8	103	306	268	94	139	143	164	146	486	0.180	1.8	0.5
130162569	8.5	98	254	267	100	133	122	126	141	392	0.180	2.0	0.5

Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material : 504295 PETROTHENE® LR732001
Batch Number : CB24012403
Vehicle Number : EQUX620017
Estimated Quantity : 188,100 LBS

Customer Order No. : 30241
Customer Number : 42584
Date Shipped : January 26, 2004
Equistar Order No. : 849922 000010
Delivery Item No. : 81060593 000010

Test Description	Test Result	Unit of Measure	
Vehicle ID	EQUX620017		
Vehicle Type	HOPPER CAR		
Melt Index, 2160g @ 190C	0.32	g/10 min.	STM 002
Density, Extrudate @ 23C	0.9531	g/cc	STM 011
HLMI, 21600g @ 190C	37.0	g/10 min.	STM 002

Approved by:

Wilbert Carter Jr.

Print Date: February 09, 2004 VLMCCLAY
This information is available 24 hours a day at
www.CustomerXPRESS.com
Questions ? Call Customer Service: 888-777-0232

This Certificate of Analysis contains the most current information available as of the print date.
This document shall not be reproduced except in full, without the written approval of the issuer.

Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

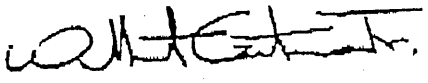
Certificate of Analysis Contact:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material	: 504295 PETROTHENE® LR732001	**Customer Order No.**	: 30241
Batch Number	: CB14042803	**Customer Number**	: 42584
Vehicle Number	: EQUX631913	**Date Shipped**	: April 30, 2004
Estimated Quantity	: 196,200 LBS	**Equistar Order No.**	: 892719 000010
		Delivery Item No.	: 81115572 000010

Test Description	Test Result	Unit of Measure
Vehicle ID	EQUX631913	
Vehicle Type	HOPPER CAR	
Melt Index, 2160g @ 190C	0.33	g/10 min.
Density, Extrudate @ 23C	0.9530	g/cc
HLMI, 21600g @ 190C	36.0	g/10 min.

Approved by:



Wilbert Carter Jr.

Print Date: May 11, 2004 VLMCCLAY
This information is available 24 hours a day at
www.CustomerXPRESS.com
Questions ? Call Customer Service: 888-777-0232

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BP SOLVAY Polyethylene

CERTIFICATE OF ANALYSIS
Batch: C040503A10

Information Provided to:	Shipped To:
GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE, SC 29556 *Contact:* NORMAN LE GETTE *Fax:* 843-201-1531	GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE SC 29556 USA

Order information on Shipment of:	Sold-To:
FORTIFLEX[RM] B53-35H-011 PE PELLETS	GSE LINING TECHNOLOGY INC

Customer Purchase Order No.:	Material Code:	Dry Short Tons:	Delivery / BOL No.:
30376	64442		80551294

Shipping Date:	Shipping Vehicle No.:	Net Weight:	Number and Type of Package:
05/06/2004	HCBX001555	210,500 LB	1

Comment(s):

CUSTOMER SPECIFICATION ANALYSIS	METHOD	RESULT	UNIT	MIN	MAX
MI 2.16 (1X)	ASTM D1238-01	0.33	g/10mn		
DENSITY (NATURAL RESIN)	ASTM D4883-99	0.9538	g/cm3		

Responsible Care®

SUPPLIER:	APPROVED BY:
BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419	Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740

THIS REPORT CANNOT BE COPIED OR REPRODUCED EXCEPT IN FULL WITHOUT THE WRITTEN APPROVAL OF THE BP SOLVAY ANALYTICAL AND QUALITY SERVICES DEPARTMENT. RESULTS APPLY ONLY TO THE ITEMS TESTED. THIS DOCUMENT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. USE OF THIS INFORMATION BY ANYONE ELSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US BY PHONE AT 713-307-3740.

Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556

Ship-To Address:
GSE LINING TECHNOLOGY INC.
1245 EASTLAND AVENUE
KINGSTREE SC 29556
USA

Equistar Material	: 504295 PETROTHENE® LR732001	Customer Order No.	: 30241/Item 1
Batch Number	: CB24051004	Customer Number	: 42684
Vehicle Number	: NAHX620456	Date Shipped	: May 12, 2004
Estimated Quantity	: 186,200 LBS	Equistar Order No.	: 905965 000010
		Delivery Item No.	: 81123097 000010

Test Description	Test Result	Unit of Measure	
Vehicle ID	NAHX620456		
Vehicle Type	HOPPER CAR		
Melt Index, 2160g @ 190C	0.30	g/10 min.	STM 002
Density, Extrudate @ 23C	0.9532	g/cc	STM 011
HLMI, 21600g @ 190C	34.0	g/10 min.	STM 002

Approved by:

Wilbert Carter Jr.

Print Date: May 26, 2004 VLMCCLAY
This information is available 24 hours a day at
www.CustomerXPRESS.com
Questions ? Call Customer Service: 888-777-0232

This Certificate of Analysis contains the most current information available as of the print date.
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GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131142231

ROLL IDENTIFICATION	
Roll Number	131142231
Product Name	F72080080S
Production Date	3/15/2004
Resin Lot #	CB24012403

CUSTOMER INFORMATION	
Order Number	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Composite	7.08E-04	3.50	15	SS Plates

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142226

ROLL IDENTIFICATION

Roll Number	131142226	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170	feet
	52	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	2,465	sq. feet
	229	sq. meters
Weight	962	pounds
	436	kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142227

ROLL IDENTIFICATION

Roll Number	131142227
Product Name	F72080080S
Production Date	3/15/2004

Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	962 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142228

ROLL IDENTIFICATION

Roll Number	131142228	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	962 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130162569 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142231

ROLL IDENTIFICATION

Roll Number	131142231	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	961 436	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159326

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142232

ROLL IDENTIFICATION

Roll Number	131142232	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142234

ROLL IDENTIFICATION

Roll Number	131142234	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	307	(8)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.960	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131142236

ROLL IDENTIFICATION

Roll Number	131142236	
Product Name	F72080080S	
Production Date	3/15/2004	
Length ≈(+/- 1%)	212 65	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	3,074 285	sq. feet sq. meters
Weight	1,185 538	pounds kilograms

RESIN INFORMATION

Lot Number	CB24012403
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.32

Geotextile1 # 130159319 Geotextile2 # 130159327

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	307	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	84	(375)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.960	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.69	(1222)
Side B - Minimum		every 10th	0.50	(227)	1.28	(582)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.16	(1433)
Side B - Average		every 10th	1.00	(454)	1.64	(746)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED 3/15/2004 QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131150430

ROLL IDENTIFICATION

Roll Number	131150430	
Product Name	F72080080S	
Production Date	6/2/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CB24051004
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.30

Geotextile1 # 130162207 Geotextile2 # 130162218

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	312	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	105	(465)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.39	(1994)
Side B - Minimum		every 10th	0.50	(227)	4.81	(2182)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.26	(2388)
Side B - Average		every 10th	1.00	(454)	5.44	(2471)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
V.S.
6/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131150431

ROLL IDENTIFICATION

Roll Number	131150431	
Product Name	F72080080S	
Production Date	6/2/2004	
Length ≈(+/- 1%)	170 52	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	2,465 229	sq. feet sq. meters
Weight	948 430	pounds kilograms

RESIN INFORMATION

Lot Number	CB24051004
Type	LR7320
Supplier	Equistar

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.953
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.30

Geotextile1 # 130162207 Geotextile2 # 130162218

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	312	(8)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	105	(465)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.39	(1994)
Side B - Minimum		every 10th	0.50	(227)	4.81	(2182)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.26	(2388)
Side B - Average		every 10th	1.00	(454)	5.44	(2471)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
V.S.
6/2/2004
QA

GSE Lining Technology, Inc.

1245 Eastland Avenue
Kingstree, SC 29556
Phone 843-382-4603
Fax 843-382-4604

Date 8-25-04

Ref: Ultraviolet (UV) Resistance and Test Frequency of GSE Geotextiles

Project 515561

To Whom It May Concern:

The resistance of nonwoven needle punched geotextiles to ultraviolet light depends primarily on antioxident and carbon black package mixed with resin to prepare a formulation for fiber extrusion. As long as this formulation remains the same the UV resistance of a geotextiles does not change. Therefore, GSE performs UV testing only once per resin formulation. The testing is performed according to ASTM Test Method D 4355 and results are included on GSE geotextile specification sheet. Currently, all GSE geotextiles meet or exceed a value of 70% strength retained after 500 hours of UV exposure. GSE will meet or exceed this value for the referenced project.

Although GSE geotextiles are manufactured using one of the best available antioxident packages, we recommend covering the geotextiles within 15 days of exposure to direct Sunlight. This period does not include time during which geotextiles rolls remain on site covered in black shrink-wrap. Our recommendation is based on UV performance data published in technical literature indicating geotextile strength can decrease sharply after prolonged exposure to Sunlight.

Actual data from an independent laboratory can be supplied upon request.

Charles L. Miller
Laboratory Manager - Kingstree

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:
Melanie Taylor @ 256/835-1800 256/835-1800

due 9/3

Sales Order
36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131160826	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
2	131160836	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	951.00
3	131160837	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	956.00
4	131160841	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	950.00
5	131160842	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
6	131160843	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	948.00
7	131160844	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	949.00
8	131160845	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	947.00
9	131160846	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	945.00
10	131160853	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	954.00
11	131160854	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
12	131160855	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00

2 bags ties

TR 724828

Total Quantity: 45,900 Total Weight: 16,149.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification
Signed:
X

Pick Up #
3489KS

Seal #

Truckers P.O. #

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: TEF
CARRIER SIGNATURE: Dale Twagner
DATE: 9-2-04

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:
Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order
36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
13	131160856	2700	SF	F72060060T XL7 Fabrinet, 2 Side, 15' XL7 Fabrinet, 2 Side, 15'	960.00
14	131160857	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	943.00
15	131160858	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	944.00
16	131160859	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	941.00
17	131160860	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	940.00

Total Quantity: 45,900 Total Weight: 16,149.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed:
X

Pick Up #
3489KS

Seal #

Truckers P.O. #

Driver Requirements:

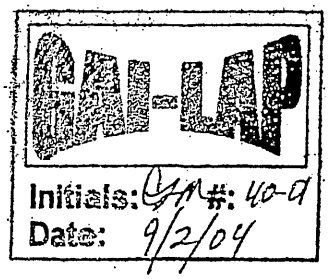
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____
CARRIER SIGNATURE: _____
DATE: _____

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160820	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160821	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160822	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160823	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160824	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160825	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160826	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160827	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160828	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160829	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160830	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160831	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160832	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160833	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160834	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160835	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160836	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160837	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160838	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160839	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160840	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160841	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160842	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160843	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160844	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160845	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160846	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160847	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160848	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160849	CRG610991	F72060060T	F72060060T	9/2/2004	180



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160850	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160851	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160852	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160853	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160854	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160855	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160856	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160857	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160858	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160859	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160860	CRG610991	F72060060T	F72060060T	9/2/2004	180

GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION		CUSTOMER INFORMATION	
Roll Number	131160830	Order Number	36684
Product Name	F72060060T	Customer Name	Taylor Corporation
Production Date	9/2/2004	Project Name	Taylor Corporation
Resin Lot #	CRG610991	Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Net	7.64E-03	36.92	15	SS Plates
10000	0.10	Composite	1.60E-03	7.89	15	SS Plates

Chevron Phillips Chemical Company LP

CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

Property	Test Method	Value	Unit
Melt Index	ST-103	0.34	g/10mi
Density	ST-292	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160826

ROLL IDENTIFICATION

Roll Number	131160826	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
c.j.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160836

ROLL IDENTIFICATION

Roll Number	131160836	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	951 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

APPROVED
c.j.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160837

ROLL IDENTIFICATION

Roll Number	131160837	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	956 434	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
C.J.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160841

ROLL IDENTIFICATION

Roll Number	131160841	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	950 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160842

ROLL IDENTIFICATION

Roll Number	131160842	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≃(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160843

ROLL IDENTIFICATION

Roll Number	131160843	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	948 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177875 *Geotextile2 #* 130177858

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160844

ROLL IDENTIFICATION

Roll Number	131160844
Product Name	F72060060T
Production Date	9/2/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	949 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160845

ROLL IDENTIFICATION

Roll Number	131160845
Product Name	F72060060T
Production Date	9/2/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	947 430	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 **Geotextile2 #** 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160846

ROLL IDENTIFICATION

Roll Number	131160846	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160853

ROLL IDENTIFICATION

Roll Number	131160853	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	954 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160854

ROLL IDENTIFICATION

Roll Number	131160854	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160855

ROLL IDENTIFICATION

Roll Number	131160855	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160856

ROLL IDENTIFICATION

Roll Number	131160856	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160857

ROLL IDENTIFICATION

Roll Number	131160857	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	943 428	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160858

ROLL IDENTIFICATION

Roll Number	131160858	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	944 428	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160859

ROLL IDENTIFICATION

Roll Number	131160859	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	941 427	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	285	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160860

ROLL IDENTIFICATION

Roll Number	131160860	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	940 426	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177872 Geotextile2 # 130177879

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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e.g.
9/2/2004
QA

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

due 9/3

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
1	131160820	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	1,085.00
2	131160821	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00
3	131160822	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	953.00
4	131160823	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	938.00
5	131160824	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	936.00
6	131160825	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	938.00
7	131160827	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	955.00
8	131160828	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
9	131160829	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	960.00
10	131160830	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	960.00
11	131160831	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	959.00
12	131160832	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	965.00

3 bags

TR 510791

Total Quantity: 64,800

Total Weight: 23,011.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification
Signed:
X

Pick Up # 3521KS

Seal #

Truckers P.O. #

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: DEL
CARRIER SIGNATURE: RC Hull
DATE: 9-2-04

ORIGINAL

Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions: Melanie Taylor @ 256/835-1800 256/835-1800

Sales Order 36684 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight
13	131160833	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' XL7 Fabrinet, 2 Side, 15'	953.00
14	131160834	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	951.00
15	131160835	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
16	131160838	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	955.00
17	131160839	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	954.00
18	131160840	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	952.00
19	131160847	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	945.00
20	131160848	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	946.00
21	131160849	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	946.00
22	131160850	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	958.00
23	131160851	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	957.00
24	131160852	2700	SF	F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15'	970.00

Total Quantity: 64,800 Total Weight: 23,011.00

Project# 515561

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #: 04007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

_____
Signature of Consignor

Local Verification Signed:

X _____

Pick Up # 3521KS

Seal #

Truckers P.O. #

Driver Requirements:

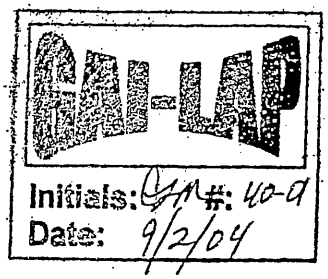
1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (843) 382-4603 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____
CARRIER SIGNATURE: _____
DATE: _____

GSE Roll Allocation

Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160820	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160821	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160822	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160823	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160824	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160825	CRG610991	F72060060T	F72060060T	9/1/2004	180
131160826	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160827	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160828	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160829	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160830	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160831	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160832	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160833	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160834	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160835	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160836	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160837	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160838	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160839	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160840	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160841	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160842	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160843	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160844	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160845	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160846	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160847	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160848	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160849	CRG610991	F72060060T	F72060060T	9/2/2004	180



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

Roll#	*Resin Lot*	*Product Code*	*Description*	*Mfg. Date*	*Length*
131160850	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160851	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160852	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160853	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160854	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160855	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160856	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160857	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160858	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160859	CRG610991	F72060060T	F72060060T	9/2/2004	180
131160860	CRG610991	F72060060T	F72060060T	9/2/2004	180

GSE Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION	
Roll Number	131160830
Product Name	F72060060T
Production Date	9/2/2004
Resin Lot #	CRG610991

CUSTOMER INFORMATION	
Order Number	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

Pressure (psf)	Gradient	Net/Composite	Transmissivity Results (m^2/sec)	Transmissivity Results (gal/min/ft)	Seat Time (min)	Boundary
10000	0.10	Net	7.64E-03	36.92	15	SS Plates
10000	0.10	Composite	1.60E-03	7.89	15	SS Plates

Chevron Phillips Chemical Company LP

CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

Property	Test Method	Value	Unit
Melt Index	ST-103	0.34	g/10mi
Density	ST-292	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160820

ROLL IDENTIFICATION

Roll Number	131160820	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	1,085 492	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130165285 Geotextile2 # 130171079

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	289	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	87	(387)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.35	(1977)
Side B - Minimum		every 10th	0.50	(227)	3.48	(1582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.90	(2224)
Side B - Average		every 10th	1.00	(454)	4.07	(1847)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

APPROVED
c.g.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number	131160821	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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c.g.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160820

ROLL IDENTIFICATION

Roll Number	131160820	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	1,085 492	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130165285 Geotextile2 # 130171079

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	289	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	87	(387)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.35	(1977)
Side B - Minimum		every 10th	0.50	(227)	3.48	(1582)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.90	(2224)
Side B - Average		every 10th	1.00	(454)	4.07	(1847)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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C.J.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number	131160821
Product Name	F72060060T
Production Date	9/1/2004

Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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C.J.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160822

ROLL IDENTIFICATION

Roll Number	131160822	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177524 *Geotextile2 #* 130177489

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
C.J.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160823

ROLL IDENTIFICATION

Roll Number	131160823	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	938 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160824

ROLL IDENTIFICATION

Roll Number	131160824	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	936 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160825

ROLL IDENTIFICATION

Roll Number	131160825	
Product Name	F72060060T	
Production Date	9/1/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	938 425	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177524 Geotextile2 # 130177489

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160827

ROLL IDENTIFICATION

Roll Number	131160827	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	955 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177876 *Geotextile2 #* 130177857

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160828

ROLL IDENTIFICATION

Roll Number	131160828	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160829

ROLL IDENTIFICATION

Roll Number	131160829	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number	131160830	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	960 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	280	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	88	(392)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.5	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.86	(2207)
Side B - Minimum		every 10th	0.50	(227)	5.17	(2349)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.68	(2577)
Side B - Average		every 10th	1.00	(454)	6.05	(2747)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160831

ROLL IDENTIFICATION

Roll Number	131160831	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	959 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160832

ROLL IDENTIFICATION

Roll Number	131160832	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	965 438	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177857

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160833

ROLL IDENTIFICATION

Roll Number	131160833	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	953 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177876 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160834

ROLL IDENTIFICATION

Roll Number	131160834	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	951 431	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160835

ROLL IDENTIFICATION

Roll Number	131160835	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177856 *Geotextile2 #* 130177859

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160838

ROLL IDENTIFICATION

Roll Number	131160838	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	955 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160839

ROLL IDENTIFICATION

Roll Number	131160839	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	954 433	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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e.g.
9/2/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160840

ROLL IDENTIFICATION

Roll Number	131160840	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	952 432	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177856 Geotextile2 # 130177859

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	92	(407)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.6	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	4.34	(1971)
Side B - Minimum		every 10th	0.50	(227)	4.45	(2020)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	5.07	(2304)
Side B - Average		every 10th	1.00	(454)	5.24	(2380)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160847

ROLL IDENTIFICATION

Roll Number	131160847	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.954
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.34

Geotextile1 # 130177875 *Geotextile2 #* 130177858

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160848

ROLL IDENTIFICATION

Roll Number	131160848	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	946 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177858

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160849

ROLL IDENTIFICATION

Roll Number	131160849	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	946 429	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177875 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	282	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160850

ROLL IDENTIFICATION

Roll Number	131160850	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	958 435	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	282	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	85	(378)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	3.22	(1461)
Side B - Minimum		every 10th	0.50	(227)	4.03	(1830)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.85	(1747)
Side B - Average		every 10th	1.00	(454)	4.68	(2126)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160851

ROLL IDENTIFICATION

Roll Number	131160851	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	957 434	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	275	(7)	285	(7)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Minimum		every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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9/2/2004
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Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131160852

ROLL IDENTIFICATION

Roll Number	131160852	
Product Name	F72060060T	
Production Date	9/2/2004	
Length ≈(+/- 1%)	180 55	feet meters
Width (Nominal)	15.0 4.6	feet meters
Sheet Area	2,700 250	sq. feet sq. meters
Weight	970 440	pounds kilograms

RESIN INFORMATION

Lot Number	CRG610991
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.34

Geotextile1 # 130177880 Geotextile2 # 130177873

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	275	(7)	285	(7)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	65	(289)	94	(416)
Carbon Black Content, %	ASTM D 1603*	every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.961	
Peel Strength, ppi (g/inch) Side A - Minimum	GRI GC7	every 10th	0.50	(227)	2.77	(1256)
Side B - Minimum		every 10th	0.50	(227)	4.02	(1823)
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7	every 10th	1.00	(454)	3.19	(1449)
Side B - Average		every 10th	1.00	(454)	4.60	(2089)

Order No.	36684
Customer Name	Taylor Corporation
Project Name	Taylor Corporation
Location	Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

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C.J.
9/2/2004
QA

Shipping Order - Packing List - Original - Not Negotiable

GSE Lining Technology, Inc. at HOUSTON,TEXAS

Shippers No. 45459

Received at Houston, Texas from GSE Lining Technology, Inc. the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract agreed to in writing by GSE Lining Technology and Carrier. GSE Lining Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Lining technology, Inc. for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 10/20/04

Roll Certifications Included

Branch Plant: 1500 .621812

Shipping Instructions:

Ship via dedicated truck

Chris Gay @ 888-398-0175

Sales Order
37548 SO

No. Line	Roll #	QTY Shipped	UM	Kind of Package, Description of Articles, Special Marks, and Exceptions		Weight
1	110167858	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	942.0
2	110167865	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	936.0
3	110167866	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	940.0
4	110167867	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	945.0
5	110167868	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	955.0
6	110167870	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	948.0
7	110167871	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	943.0
8	131162169	3335	SF	F42060060S	FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5'	960.0

Project# 515834

Freight charges are prepaid unless marked collect.
Check box if collect. ☐

Customer P.O. #:
4007

If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges.

Signature of Consignor

Local Verification Signed:
X

Pick Up #
6629RR

Seal #

Truckers P.O. #

Total Quantity: 26,680

Total Weight: 7,569.00

Driver Requirements:

1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
2) Driver must call (281) 230-6781 when unloaded.
3) Driver must call and advise any delay in transit.
4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____

CARRIER SIGNATURE: _____

DATE: _____

BP SOLVAY Polyethylene

CERTIFICATE OF ANALYSIS
Batch: C040827A03

Information Provided to:	Shipped To:
GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON, TX 77073 *Contact:* DON BOHAC *Fax:* 281-230-8630	GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON TX 77073 USA

Order information on Shipment of:	Sold-To:
FORTIFLEX[RM] B53-35H-011 PE PELLETS	GSE LINING TECHNOLOGY INC

Customer Purchase Order No.:	Material Code:	Dry Short Tons:	Delivery / BOL No.:
32378	64442		80587799

Shipping Date:	Shipping Vehicle No.:	Net Weight:	Number and Type of Package:
08/30/2004	HLTX006196	209,300 LB	1

Comment(s):

CUSTOMER SPECIFICATION ANALYSIS	METHOD	RESULT	UNIT
MI 2.16 (1X)	ASTM D1238-01	0.38	g/10mn
DENSITY (NATURAL RESIN)	ASTM D4883-99	0.9545	g/cm3

Responsible Care®

SUPPLIER:	APPROVED BY:
BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419	Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740

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CoA Date: 08/11/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86692159
PO #: 30239
Weight: 197480 LB
Ship Date: 08/11/2004
Package: BULK
Mode: Hopper Car
Car #: PSPX008184
Seal No: 141450

Product:
MARLEX POLYETHYLENE HHM 5502BN BULK

Lot Number: 6141044

Property	Test Method	Value	Unit
Melt Index	ASTM D1238	0.400	g/10mi
Density	ASTM D1505	0.9540	g/cm3

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. **However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.**

Jackie Edwards
Certification Systems Specialist

For CoA questions contact Peter Scheirman at 713-289-4799

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167858

ROLL IDENTIFICATION

Roll Number	110167858	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	942	pounds
	427	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180126 Geotextile2 # 130180142

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	223	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	55	(243)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.7	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	1.90	(863)
Side B - Average		every 10th	1.00	(454)	1.30	(590)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

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APPROVED D.G. 10/7/2004 QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167865

ROLL IDENTIFICATION

Roll Number	110167865	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	936	pounds
	425	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED L.A. 10/7/2004 QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167866

ROLL IDENTIFICATION

Roll Number	110167866	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	940	pounds
	426	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167867

ROLL IDENTIFICATION

Roll Number	110167867
Product Name	F42060060S
Production Date	10/7/2004

Length ≈(+/- 1%)	230 70	feet meters
Width (Nominal)	14.5 4.4	feet meters
Sheet Area	3,335 309	sq. feet sq. meters
Weight	945 429	pounds kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm) Average	ASTM D 5199	every 10th	200	(5)	233	(6)
Tensile Properties (MD) peak load, ppi (N/in)	ASTM D 5035	every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*	every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505	every 10th	0.940		0.964	
Peel Strength, ppi (g/inch) Side A - Average	GRI GC7* / ASTM D7005	every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167868

ROLL IDENTIFICATION

Roll Number	110167868	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	955	pounds
	433	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130180127 Geotextile2 # 130180129

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	233	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	52	(233)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.964	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.70	(1226)
Side B - Average		every 10th	1.00	(454)	2.30	(1044)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

APPROVED
L.H.
10/7/2004
QA

GSE Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167870

ROLL IDENTIFICATION

Roll Number	110167870	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	948	pounds
	430	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.955
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.38

Geotextile1 # 130156189 Geotextile2 # 130180141

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	238	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	51	(226)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.963	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.56	(1162)
Side B - Average		every 10th	1.00	(454)	2.25	(1022)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 110167871

ROLL IDENTIFICATION

Roll Number	110167871	
Product Name	F42060060S	
Production Date	10/7/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	943	pounds
	428	kilograms

RESIN INFORMATION

Lot Number	C040827A03
Type	B53-35H-011
Supplier	Solvay

GSE RESIN TEST DATA

Property	*Test Method*	*Results*
Density, g/cc	*ASTM D 1505*	0.955
Melt index, g/10 min.	*ASTM D 1238 (190/2.16)*	0.38

Geotextile1 # 130156189 *Geotextile2 #* 130180141

Physical Property	*Test Method*	*Test Frequency*	*Customer Minimum* English	Metric	*Test Results* English	Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	238	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	51	(226)
Carbon Black Content, %	ASTM D 1603*					
		every 5th	2.0		2.8	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.963	
Peel Strength, ppi (g/inch)	GRI GC7* / ASTM D7005					
Side A - Average		every 10th	1.00	(454)	2.56	(1162)
Side B - Average		every 10th	1.00	(454)	2.25	(1022)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
L.H.
10/7/2004
QA

Roll Test Data Report

GSE Lining Technology, Inc.

Roll No. 131162169

ROLL IDENTIFICATION

Roll Number	131162169	
Product Name	F42060060S	
Production Date	9/14/2004	
Length ≈(+/- 1%)	230	feet
	70	meters
Width (Nominal)	14.5	feet
	4.4	meters
Sheet Area	3,335	sq. feet
	309	sq. meters
Weight	954	pounds
	433	kilograms

RESIN INFORMATION

Lot Number	6141044
Type	5502BN
Supplier	Chevron

GSE RESIN TEST DATA

Property	Test Method	Results
Density, g/cc	ASTM D 1505	0.954
Melt index, g/10 min.	ASTM D 1238 (190/2.16)	0.40

Geotextile1 # 130178409 Geotextile2 # 130178610

Physical Property	Test Method	Test Frequency	Customer Minimum English	Customer Minimum Metric	Test Results English	Test Results Metric
Thickness, mil (mm)	ASTM D 5199					
Average		every 10th	200	(5)	228	(6)
Tensile Properties (MD)	ASTM D 5035					
peak load, ppi (N/in)		every 10th	45	(200)	66	(294)
Carbon Black Content, %	ASTM D 1603*					
		every 10th	2.0		2.4	
Density, g/cc	ASTM D 1505					
		every 10th	0.940		0.961	
Peel Strength, ppi (g/inch)	GRI GC7					
Side A - Average		every 10th	1.00	(454)	4.07	(1848)
Side B - Average		every 10th	1.00	(454)	3.71	(1683)

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL
*Modified

GSE-8.2.4-007 Rev - - 02/03

APPROVED
H.M.
9/14/2004
QA

APPENDIX T

CONCRETE DOCUMENTATION

CONCRETE MIX DESIGN

July 30, 2004

Contractor: Taylor Corporation
Project: Solutia Anniston, 11th Street Project
Concrete Source: Kirkpatrick Concrete, Inc.
Mix Identification:

Mix Design Data Product Code 994013

28-Day Comp. Strength (psi): 4000 psi
Slump: 2.0 (+ OR -) 1.0 inches
Entrained (incl.entrapped) Air: 1.5

Materials & Proportions (saturated, surface dry pounds per cubic yard where applicable):

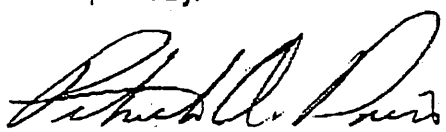
Source	Description		Sp. Grav.	Est.Yield (cu.ft.)
National Cement Company	Cement (ASTM C 150, Type I), lbs.	677	3.15	3.44
Boral	Flyash (ASTM C 618, Class F), lbs.	169	2.30	1.18
Elmore Sand & Gravel	Concrete Sand (ASTM C 33), lbs.	2135	2.63	13.01
Elmore Sand & Gravel	No. 7 Pea Gravel	585	2.63	3.56
	Water, lbs. (US Gals.)	350 (41.9)	1.00	5.61
	Total Air, %	2		0.41
			Total =	27.21
Chemical Admixtures *				
Euclid Chemical Company	Water Reducing Admixture - WR 91 (ASTM C 494, Type A), oz./cu.yd.			34.0
Euclid Chemical Company	Air Entrainment Admixture - AEA 92S (ASTM C 260), oz./cu.yd.			0.0
Euclid Chemical Company	Retarder / Reducer - Eucon Retarder 75 (ASTM C 494, Type D), oz./cu.yd.			0.0

* Admixture dosages are based on past experience and manufacturer's recommendations. Dosages will be adjusted as needed to maintain conrete properties within the allowed tolerances.

Other Information

0.41 = Water to Cementitious Material Ratio, lbs./lbs.
0.20 = Fly Ash to Cementitious Material Ratio, lbs./lbs.
143.9 = Estimated Concrete Unit Weight, pcf

Prepared By:



Patrick A. Davis (Pat)
Field Services Manager

KIRKPATRICK CONCRETE

MATERIAL CERTIFICATIONS

** The materials represented in the mix design submittals are the materials currently being utilized at the plant(s) associated with this project. Any changes in materials may be made without notice, but are guaranteed to meet the same ASTM standards and applicable project specifications as those listed.

NATIONAL CEMENT
A Vicat Company
"The Cement of Choice for Building Success"
National Cement Company of Alabama, Inc.

Suite 800
2000 SouthBridge Parkway
Birmingham, Alabama 35209
Telephone: 205-423-2600
Fax: 205-870-5777

January 6, 2003

Kirkpatrick Concrete Inc.
PO Box 546
Guntersville, Alabama 35976

Gentlemen:

This certifies that **Coosa Portland Cement, Type I,** as manufactured in the United States by National Cement Company, Birmingham, Alabama, meets the requirements of both **ASTM C-150** and **AASHTO M-85** for Portland cement.

This also certifies that **Coosa Portland Cement, Type I,** meets requirements for specification **ASTM C-150** for **Portland Cement, Type II.**

Very truly yours,

Gary K. Fountain
Office Manager - Sales

Sworn to and subscribed to before me on January 6, 2003.

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Aug 23, 2004
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Suite 600
2000 SouthBridge Parkway
Birmingham, Alabama 35209
Telephone: 205-423-2600
Fax: 205-870-5777

NATIONAL CEMENT
A Vicat Company
"The Cement of Choice for Building Success"

National Cement Company of Alabama, Inc.

CERTIFIED MILL TEST REPORT

CONSIGNEE: KIRKPATRICK CONCRETE CO. DESTINATION: BIRMINGHAM, ALABAMA

SPECIFICATION: TYPE I ASTM C-150 M-85

DATE SHIPPED:_____ B/L NUMBER:_____

RESULTS OF TESTS

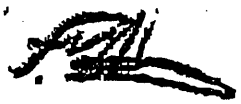
CHEMICAL ANALYSIS BY ASTM C-114	
SILICA:	20.9
ALUMINA:	4.45
FERRIC OXIDE:	3.17
MAGNESIA:	2.5
SULFUR TRIOXIDE:	2.68
IGNITION LOSS:	0.9
INSOLUBLE RESIDUE:	0.3
ALKALI AS NA2O EQUIV:	0.55
POTENTIAL COMPOUNDS	
TRICALCIUM SILICATE:	54.2
TRICALCIUM ALUMINATE:	6.4

TIME OF SET (GILMORE) ASTM C-266		
INITIAL SET TIME: MINUTES		150
FINAL SET: MINUTES:		250
325 SIEVE, % RETAINED ASTM C-430		1.7
WAGNER, SQ/Cm PER GRAM ASTM C-115		2231
BLAINE, SQ/Cm PER GRAM ASTM C-204		3755
AUTOCLAVE EXPANSION: ASTM C-151		0.046
AIR CONTENT: ASTM C-185		9.5
COMPRESSIVE STRENGTHS, PSI, Mpa ASTM C-109		
3 DAY:	3612	24.9
7 DAY:	4592	31.66

I hereby certify that the cement referenced herein has been tested in our laboratory with the above results.

QUALITY CONTROL MANAGER
FRANK W. HOLCOMB

12/19/2002
6198



Boral Material Technologies

BORAL

BORAL MATERIAL TECHNOLOGIES INC.
75 Canton Office Park
1343 Canton Rd., Suite C
Marietta, Georgia 30066

SUPPLIER'S CERTIFICATION

Boral Fly Ash

This is to certify that the Boral High Performance Fly Ash shipped from Plant Bowen, located near Stilesboro, Georgia, meets or exceeds the following specifications:

American Society for Testing & Materials.....ASTM C-618, Class "F"

American Association of State Highway and Transportation Officials.....AASHTO M-295, Class "F"

BORAL MATERIAL TECHNOLOGIES INC.

By: Kenneth L. Hill

Name: Kenneth L. Hill

Title: Manager, Technical Services-Eastern

Subscribed and sworn to before me this 23rd day of May, 2003.

Lanette P. Lepingwell
Notary Public

LANETTE P. LEPINGWELL NOTARY PUBLIC FULTON COUNTY GEORGIA EXPIRES DEC. 26, 2006

BOWEN.CSR

Elmore Sand & Gravel, Inc.
1322 Maron Spillway Road
PO Box 189
Elmore, Alabama 36025
Phone: (334) 285-1805 Fax: (334) 285-1808
Toll Free (877) 248-3335

Kirkpatrick Concrete
2000A Southbridge Parkway
Suite 610
Birmingham, Alabama 35209

Dear Mr. Osterlund

This is to certify that our #100 Concrete Sand meets the requirements of ASTM C-33.

Should you need any additional information, please do not hesitate to call.

Sincerely,
Elmore Sand & Gravel, Inc.

Jonette Gober
Quality Control Manager

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon WR 91, meets or exceeds with the requirements of C-494, Type A. Eucon WR 91 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

The Euclid Chemical Company
19218 REDWOOD ROAD • CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

EUCON WR 91

ASTM TYPE A - WATER REDUCING ADMIXTURE

CONSTRUCTION PRODUCTS FOR VOC A SAFER ENVIRONMENT

EUCON WR 91 is a liquid, water-reducing and plasticizing admixture for concrete. EUCON WR 91 shows improved setting and finishing characteristics when compared to other commonly used type A water reducing admixtures. EUCON WR 91 may be used at a wide range of dosage rates. EUCON WR 91 does not contain calcium chloride or other potential corrosion-enhancing ingredients.

PRIMARY APPLICATIONS

- Flatwork concrete
- General ready mix concrete
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Improves finishability
- Improves workability
- Reduces water requirement
- Reduces segregation
- Improves setting times

Hardened Concrete

- Increases strength at all ages
- Reduces permeability
- Improves finished appearance
- Reduces cracking
- Increases durability
- Non staining
- Compatible with air entraining agents

SPECIFICATIONS / COMPLIANCES

EUCON WR 91 meets or exceeds the requirements of:

- ASTM C-494, Type A

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with reference concrete (plain mix)

Test Age	Compressive Strength	Flexural Strength
3 days	124%	113%
7 days	119%	108%
28 days	116%	104%

Setting Time Change - Initial +20 min.
Final +20 min.

Setting time will vary with dosage rate, mix design and ambient temperatures.

Dosage Rates

EUCON WR 91 is normally used at doses of 2-6 fluid oz per 100 lb (125-375 ml per 100 kg) cement. Dosage recommendations depend on the characteristics of the materials being used in the mix design.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON WR 91 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed with the concrete batch. EUCON WR 91 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PACKAGING

EUCON WR 91 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums, and 5 gal (18.9 liter) pails.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON WR 91 above freezing, however, freezing and subsequent thawing will not harm the material if thoroughly agitated. Never agitate with air or an air lance.
- Add to mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-255-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0426

TRADE NAME
Eucon WR 91

CHEMICAL NAME
Lignosulfonate

1. INGREDIENTS

MATERIAL	CAS #	%	ACGIH(TLV)	PEL
Calcium Lignosulfonate	68131-32-8	65-70	NE	NE
Sodium Glucoheptonate	31138-65-5	5-10	NE	NE
Triethanolamine	102-71-6	0-5	NE	NE

2. PHYSICAL DATA

APPEARANCE: Brown Liquid	ODOR: Slightly Ammonia	MELTPOINT: NA	SPECIFIC GRAVITY: 1.2 ± 0.05
VAPOR DENSITY (AIR=1): NA	%VOLATILE BY WEIGHT: NA	BULK DENSITY: NA	BOILING POINT: NA
VAPOR PRESSURE: NA	%SOLUBILITY(H_2O): Complete	EVAPORATION RATE	PH: 6.5-8.5

3. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT & METHOD: None

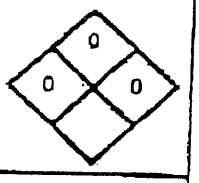
FLAMMABLE LIMITS: LEL None UEL None

EXTINGUISHING MEDIA: None

SPECIAL FIRE FIGHTING PROCEDURES: None

UNUSUAL FIRE AND EXPLOSION HAZARDS: Do not allow to dry. Product will act as an oxidizer.

NFPA FIRE HAZARDS IDENTIFICATION SYSTEM



4. PHYSIOLOGICAL EFFECTS

LD50 ORAL (INGESTION)	LD50 DERMAL (SKIN CONTACT)	LC50 (INHALATION)
NE	NE	NE

PRIMARY ROUTE OF EXPOSURE: Skin

THRESHOLD LIMIT VALUE (TLV): NE

EFFECTS OF OVEREXPOSURE

Inhalation: May cause irritation of respiratory tract.

Eye: Liquid or mist may cause irritation.

Skin: Liquid or mist may cause irritation.

Ingestion: May cause G.I. irritation, nausea and cramps. Large amounts may be toxic and cause CNS effects.

THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air. If illness or irritation occurs, call a Physician or Poison Control Center.
Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
Skin: Wash area twice with soap and water. If pain, irritation or burning persists, call a Physician or Poison Control Center.
Ingestion: Call a Physician or Poison Control Center immediately.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
Adequate fresh air.

RESPIRATORY
None

EYE PROTECTION
Yes

PROTECTIVE GLOVES	OTHER
Yes (rubberized)	

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
None

INCOMPATIBILITY (MATERIALS TO AVOID)
Do not mix with other concrete admixtures.

HAZARDOUS DECOMPOSITION PRODUCTS
May yield nitrogen oxide fumes if heated and burned.

SPECIAL SENSITIVITY
None known

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Keep from freezing. Do not contaminate with other chemicals; otherwise the materials may agglomerate and clog equipment.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
Small spills of up to 2 gallons, soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
Dispose of in accordance with all federal, state, and local laws and regulations.

PREPARED BY	DATE
Jim Sterk	01/01/97
TELEPHONE NUMBER: 216-531-9222	SUPERSEDES MSDS DATED: 07/01/96

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.

Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, AEA-92, meets or exceeds Corps of Engineers Specification CRD C-13, ASTM C-260 and AASHTO M-154. This product contains 441ppm of chloride ions.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

The Euclid Chemical Company
19218 REDWOOD ROAD • CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

AEA-92S

CONSTRUCTION PRODUCTS FOR VOC A SAFER ENVIRONMENT

AIR ENTRAINING AGENT FOR CONCRETE

AEA-92S is formulated for use as an air entraining admixture for concrete of all types and is manufactured under rigid control which assures uniform and precise performance. It should be added to the mix independently and not with other admixtures.

PRIMARY APPLICATIONS

- Ready mix concrete
- Structural concrete
- Mass concrete
- Paving concrete
- All exterior concrete

FEATURES / BENEFITS

- Provides a stable air void system with proper bubble size and spacing. This air void system protects concrete against damage caused by repeated freeze/thaw cycles
- Concrete is made more resistant to de-icing salts, sulfate attack and corrosive water
- Less mixing water can be used per yard (meter) of concrete and placeability is improved
- Minimizes bleeding and segregation of the concrete

SPECIFICATIONS / COMPLIANCES

AEA-92S meets or exceeds the requirements of the following specifications:

- Corps of Engineers Specification CRD-C-13
- ASTM Specification C-260
- AASHTO Specification M-154

TECHNICAL INFORMATION

AEA-92S is an aqueous solution compound of organic chemicals. It is compatible with concrete mixes containing other commonly used Euclid Chemical Company admixtures.

Appearance

AEA-92S is an amber colored material which, when added to concrete does not change the concrete's natural appearance.

PACKAGING

AEA-92S is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

DIRECTIONS FOR USE

1/2 to 2 oz of AEA-92S/100 lb (30-120 ml of AEA-92S/100 kg) of cement will generally entrain 3% - 6% air in concrete. This amount will vary depending on type of cement, fineness of sand, addition of fly ash, temperature, design of the mix, etc. Concrete mixes must be tested regularly to confirm that the proper air content is achieved.

PRECAUTIONS / LIMITATIONS

- Consult your local Euclid Chemical representative for the proper dosage rate adjustments when using fly ash, slag or high range water reducers.
- Add to the mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-255-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0626

TRADE NAME: AEA-92S

CHEMICAL NAME:

1. INGREDIENTS

MATERIAL	CAS #	%	ACGIH(TLV)	PEL
No ingredients identified by OSHA as hazardous are known to be present, or the ingredients present are below levels specified as hazardous by OSHA.				

2. PHYSICAL DATA

APPEARANCE: Light Yellow Liquid	ODOR: None	MELTPOINT: None	SPECIFIC GRAVITY: 1.00-1.15
VAPOR DENSITY (AIR=1): NA	%VOLATILE BY WEIGHT: Varies	BULK DENSITY: NA	BOILING POINT: None
VAPOR PRESSURE: NA	%SOLUBILITY(H_2O): 100	EVAPORATION RATE	PH: 9.5-11.5

3. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT & METHOD: None

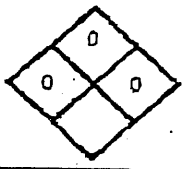
FLAMMABLE LIMITS: LEL None UEL None

EXTINGUISHING MEDIA: None

SPECIAL FIRE FIGHTING PROCEDURES: None

UNUSUAL FIRE AND EXPLOSION HAZARDS: None

NFPA FIRE HAZARDS IDENTIFICATION SYSTEM



4. PHYSIOLOGICAL EFFECTS

LD50 ORAL (INGESTION)	LD50 DERMAL (SKIN CONTACT)	LC50 (INHALATION)
NE	NE	NE

PRIMARY ROUTE OF EXPOSURE: Skin or Eye

THRESHOLD LIMIT VALUE (TLV): NE

EFFECTS OF OVEREXPOSURE

Inhalation: No information found to suggest any toxicity.

Eye: No information found to suggest any toxicity

Skin: No information found to suggest any toxicity.

Ingestion: No information found to suggest any toxicity

THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air.
Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
Skin: Wash area twice with soap and water. If pain, irritation or burning persists, seek medical attention.
Ingestion: Administer milk or water. DO NOT induce vomiting. Call a Physician or Poison Control Center immediately. DO NOT give anything orally to an unconscious person.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
Use with adequate ventilation.

RESPIRATORY
None required

EYE PROTECTION
Yes

PROTECTIVE GLOVES
Yes (rubberized)

OTHER

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
None known

INCOMPATIBILITY (MATERIALS TO AVOID)
None known

HAZARDOUS DECOMPOSITION PRODUCTS
Not determined

SPECIAL SENSITIVITY
None

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Prevent leaks or spills. Floors may become slippery and hazardous.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
Small spills of up to 2 gallons soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
Dispose of in accordance with all federal, state, and local laws and regulations.

PREPARED BY: Jim Slerk	DATE: 10/20/99
TELEPHONE NUMBER: 216-831-9222	SUPERSEDES MSDS DATED: 10/20/99

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.

Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in the use of the material.

The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon Retarder 75, meets or exceeds the requirements of ASTM C-494, Type D and AASHTO 194. Retarder 75 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Service/Product Support

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County

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19218 REDWOOD ROAD • CLEVELAND, OH 44110
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EUCON RETARDER 75

◆ ◆ ◆ ◆ ◆

CONCRETE WATER REDUCER
SET CONTROLLING RETARDER

CONSTRUCTION PRODUCTS FOR
VOX
A SAFER ENVIRONMENT

EUCON RETARDER 75 is a synthetically produced liquid water-reducing and set retarding admixture for concrete. It is a modified organic polymer of sodium glucoheptonate. EUCON RETARDER 75 does not contain calcium chloride or other potential corroding materials, and may be used in the presence of aluminum or zinc metals.

It is compatible with air-entraining agents, waterproofers and calcium chloride, but they must be added separately to the mix.

PRIMARY APPLICATIONS

- Prestressed concrete
- Concrete requiring water reducing and set time control
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Controls rate of set
- Improves finishability
- Improves workability
- Reduces water requirements
- Reduces segregation

Hardened Concrete

- Increases strengths
- Improves finished appearance
- Reduces cracking
- Reduces permeability
- Non staining

SPECIFICATIONS / COMPLIANCES

EUCON RETARDER 75 meets or exceeds the requirements of:

- ASTM C-494, Type D.

PACKAGING

EUCON RETARDER 75 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with Reference Concrete (Plain Mix)

Test Date	Compressive Strength	Flexural Strength
3 days	123%	100.4%
7 days	112%	100.4%
28 days	111%	101.7%
1 year	113%	----

Setting Time Change-Initial ..... +2 hr 24 min
Final ..... +3 hr 3 min

Relative Durability Factor: 96.7%

Dosage Rates

Air or Concrete Temperature	Dosage per 100 lb (100 kg) Cement
40°-69°F (4°-21°C)	2 oz (125 ml) min.
70°-79°F (21°-26°C)	3 oz (190 ml)
80°-89°F (27°-32°C)	4 oz (250 ml)
90°F + (32°C)	5 oz (315 ml) max.*

*For higher dosage rates, contact The Euclid Chemical Company for recommendations.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON RETARDER 75 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed in the concrete batch. EUCON RETARDER 75 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON RETARDER 75 above freezing; however, freezing and subsequent thawing will not harm the material if thoroughly agitated.
- Add to mix independent of other admixtures.

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

IDENTITY (As Used on Label and List)
READY MIXED CONCRETE

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

Manufacturer's Name
Kirkpatrick Concrete

Address (Number, Street, City, State, and ZIP Code)
2909 3rd ave north

Bham Al 35203

Emergency Telephone Number
205-323-8327

Telephone Number for Information
205-323-8327

Date Prepared
2-17-95

Signature of Preparer (optional)

Section II — Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity; Common Name(s)) OSHA PEL NA ACGIH TLV NA Other Limits Recommended % (optional)

Mixtures of Portland or blended cements, concrete aggregates and chemical admixtutres Portland and Blended Cements

$3CaO-SiO_2$ (CAS #12168-85-3)
$2CaO-SiO_2$ (CAS # 10034-77-2)
$3CaO-Al_2O_2$ (CAS # 23042-78-3)
$4CaO-Al_2O_3-Fe_2O_2$ (CAS# 12068-35-8)
$CaSo_4-2H_2O$ (CAS # 7778-18-9)
plus traces of CaO, MgO, K_2SO_4, and Na_2SO_4

other ingredients, Concrete Aggregates, Inert gravel, sand and rocks Admixtures, May include fly ash, granulaed slag and very small amounts of organic and inorganic materials which have no effect on the hazards associated with the use of the product.

Section III — Physical/Chemical Characteristics

Boiling Point	NA	Specific Gravity (H_2O = 1)	NA
Vapor Pressure (mm Hg.)	NA	Melting Point	NA
Vapor Density (AIR = 1)	NA	Evaporation Rate (Butyl Acetate = 1)	NA

Solubility in Water
slight (0.01 to 1%)

Appearance and Odor
Grav, plastic, flowable, granular and odorless

Section IV — Fire and Explosion Hazard Data

Flash Point (Method Used)	NA	Flammable Limits	NA	LEL NA / UEL NA

Extinguishing Media
NA

Special Fire Fighting Procedures
NA

Unusual Fire and Explosion Hazards
NONE

(Reproduce locally)

OSHA 174, Sept. 1985

	Stable	X	However product stiffens and hardens in 2 to 8 hours

Incompatibility (*Materials to Avoid*) None

Hazardous Decomposition or Byproducts None

Hazardous Polymerization	May Occur		Conditions Caused
	Will Not Occur		

Section VI — Health Hazard Data

Route(s) of Entry: Inhalation? No Skin? Ingestion? No

Health Hazards (*Acute and Chronic*)

Acute- wet plastic, unhardened concrete, can dry the skin and cause alkalai burns (cement dermatitis) Chronic- Hypersensitive individuals may develop an allergic dermatitis. Cement may contain trace amounts of chromium

Carcinogenicity: NTP? NO IARC Monographs? NO OSHA Regulated? NO

Signs and Symptoms of Exposure Irritation of skin and burning sensation particularly when exposure is in an area of skin previously subjected to abrasion or irritation.

Medical Conditions Generally Aggravated by Exposure None known

Emergency and First Aid Procedures Irrigate eyes with water, wash exposed areas of the body with soap and water.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material Is Released or Spilled Spill does not increase hazard

Waste Disposal Method Material can be retained until it hardens when it can be disposed of as common waster.

Precautions to Be Taken in Handling and Storing Use barrier creams, gloves, boots and clothing protect the skin from prolonged contact with plastic concrete. Eye protection not required

Other Precautions Precautions must be observed because cement burns occur with [illegible] warning

Section VIII — Control Measures

Respiratory Protection (*Specify Type*) not required

Ventilation	Local Exhaust	Special
	Mechanical (General)	Other

Protective Gloves See VII Eye Protection See VII

Other Protective Clothing or Equipment See VII

Work/Hygienic Practices See VII

*U.S. Government Printing Office: 1987—181-[illegible]/[illegible]

PRODUCT DATA

W. R. MEADOWS, SEALTIGHT

CSI Code: 03050

No. 373

NOVEMBER 2003
(Supersedes October 2002)

1600-WHITE SERIES

Water-Base, Wax-Base Concrete Curing Compounds

DESCRIPTION

The 1600-WHITE SERIES, Water-Base, White-Pigmented Concrete Curing Compounds are wax-base dispersions, with selected white pigments. When properly applied, they provide an impermeable film, which optimizes water retention. The white pigment reflects the sun's rays to help keep the concrete surface cooler and prevent excessive heat build-up.

The 1600-WHITE SERIES meets maximum VOC content limits of 350 g/L for Concrete Curing Compounds as required by the U.S. EPA Architectural Coatings Rule. The 1600-WHITE SERIES Concrete Curing Compounds have a substantially lower Volatile Organic Compound (VOC) content than the 350 grams per liter allowed by the above noted rule.

USES

The 1600-WHITE SERIES is ideal for application on exterior, horizontal surfaces such as highways, airports, street and curb paving — for excellent curing when protection from the sun's heat is desired.

PHYSICAL PROPERTIES

DRYING TIME: Depends on weather conditions and coverage, but will generally dry in 1 hour. Restrict foot traffic for at least 4 hours.
FLASH POINT: Greater than 212°F (100°C).

COVERAGE

Approximately 200 sq. ft./gal. (4.91 sq. m/L).

PACKAGING

5 gallon (18.93 liter) Pails
55 gallon (208.20 liter) Drums

SPECIFICATIONS

- ASTM C 309, Type 2, Class A
- AASHTO M 148, Type 2, Class A
- FAA Spec. Item P-610-2.11 (e)

FEATURES AND BENEFITS

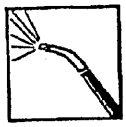
- When properly applied, it provides an impermeable film, which optimizes water retention
- Protects by reflecting the sun's rays to keep the concrete surface cooler and prevent excessive heat build-up, which can cause thermal cracking
- Furnished as a ready-to-use, true water-base compound
- Produces hard, dense concrete... minimizes hair-checking, thermal cracking, dusting and other defects
- Enhances the functional capabilities of concrete by "sealing-in" the performance assets of strength and long-life
- Offers a compressive strength significantly greater than improperly cured concrete
- Increases tensile strength for greater resistance to cracking and surface crazing
- Improves resistance to abrasion and corrosive action of salts and chemicals...minimizes shrinkage
- Applies quickly and easily with conventional, commercial spray equipment
- VOC compliant...actual VOC content is less than 100 g/L

CONTINUED ON REVERSE SIDE...

W.R. MEADOWS, INC.
P.O. Box 338 • HAMPSHIRE, IL 60140-0338
Phone: 847/214-2100 • Fax: 847/683-4544
1-800-342-5976
www.wrmeadows.com

Application Tools

Manual Sprayer


Power Sprayer

Paving Train

APPLICATION

Preparation..Application equipment must be clean and free of any previously used materials.

Mixing..Any settling or separation in the container must be re-dispersed with gentle agitation prior to use. CAUTION: DO NOT MIX EXCESSIVELY.

Application Method..Spray on in one even coat with a hand or power sprayer as soon as the surface water disappears from horizontal concrete surfaces. On vertical surfaces, spray promptly after forms are removed. Use a Chapin 8005 (or equivalent) spray tip that produces a flow of 1/2 gallon (1.89 liters) per minute under 40 psi (.276 MPa) of pressure.

Clean up..Prior to drying, equipment may be easily cleaned with soap and water. Once dried, use mineral spirits or other suitable petroleum distillate.

GreenLine
Environmentally Responsible Products For Concrete Performance

PRECAUTIONS

KEEP FROM FREEZING. Do not apply when the temperature of the concrete is less than 40°F (4°C). DO NOT MIX WITH COMPOUNDS CONTAINING SOLVENT-SEPARATION WILL OCCUR. DO NOT ADD OR DILUTE WITH ANY OTHER COMPOUND. Do not use on surfaces that are later to be painted, tiled, hardened, sealed or treated in any manner. Do not use on patios, sidewalks or other areas where there is typically no wheel traffic to abrade the white film surface. Not recommended for use on residential driveways.

HEALTH HAZARDS

Direct contact may result in mild irritation. Refer to the Material Safety Data Sheet for complete health and safety information.

FOR THE MOST CURRENT PRODUCT INFORMATION, VISIT OUR WEBSITE:

www.wrmeadows.com

LIMITED WARRANTY

"W.R. MEADOWS, INC. warrants at the time and place we make shipment, our material will be of good quality and will conform with our published specifications in force on the date of acceptance of the order. Read complete warranty." Copy furnished upon request.

Disclaimer

The information contained herein is included for illustrative purposes only, and to the best of our knowledge, is accurate and reliable. W.R. MEADOWS, INC. cannot however under any circumstances make any guarantee of results or assume any obligation or liability in connection with the use of this information. As W.R. MEADOWS, INC. has no control over the use to which others may put its product, it is recommended that the products be tested to determine if suitable for specific application and/or our information is valid in a particular circumstance. Responsibility remains with the architect or engineer, contractor and owner for the design, application and proper installation of each product. Specifier and user shall determine the suitability of products for specific application and assume all responsibilities in connection therewith.

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Chemical/Environmental Resistance

XR-5® Fluid Resistance Guidelines

The data below is the result of laboratory tests and is intended to serve only as a guide. No performance warranty is intended or implied. The degree of chemical attack on any material is governed by the conditions under which it is exposed. Exposure time, temperature, and size of the area of exposure usually varies considerably in application, therefore, this table is given and accepted at the user's risk. Confirmation of the validity and suitability in specific cases should be obtained.

When considering XR-5 for specific applications, it is suggested that a sample be tested in actual service before specification. Where impractical, tests should be devised which simulate actual service conditions as closely as possible.

EXPOSURE	RATING	EXPOSURE	RATING
AFFF	A	JP-4 Jet Fuel	A
Acetic Acid (5%)	B	JP-5 Jet Fuel	A
Acetic Acid (50%)	C	JP-8 Jet Fuel	A
Ammonium Phosphate	T	Kerosene	A
Ammonium Sulfate	T	Magnesium Chloride	T
Antifreeze (ethylene glycol)	A	Magnesium Hydroxide	T
Animal Oil	A	Methanol	A
Aqua Regia	X	Methyl Alcohol	A
ASTM Fuel A (100% Iso-octane)	A	Methyl Ethyl Ketone	X
ASTM Oil #2 (Flash pt. 240° C)	A	Mineral Spirits	A
ASTM Oil #3	A	Naphtha	A
Benzene	X	Nitric Acid (5%)	B
Calcium Chloride Solutions	T	Nitric Acid (50%)	C
Calcium Hydroxide	T	Perchloroethylene	C
20% Chlorine Solution	A	Phenol	X
Clorox	A	Phenol Formaldehyde	B
Conc. Ammonium Hydroxide	A	Phosophoric Acid (50%)	A
Corn Oil	A	Phosophoric Acid (100%)	C
Crude Oil	A	Phthalate Plasticizer	C
Diesel Fuel	A	Potassium Chloride	T
Ethanol	A	Potassium Sulphate	T
Ethyl Acetate	C	Raw Linseed Oil	A
Ethyl Alcohol	A	SAE-30 Oil	A
Fertilizer Solution	A	Salt Water (25%)	B
#2 Fuel Oil	A	Sea Water	A
#6 Fuel Oil	A	Sodium Acetate Solutions	T
Furfural	X	Sodium Bisulfite Solution	T
Gasoline	B	Sodium Hydroxide (60%)	A
Glycerin	A	Sodium Phosphate	T
Hydraulic Fluid- Petroleum Based	A	Sulphuric Acid (50%)	A
Hydraulic Fluid- Phosphate Ester Based	C	50% Tanic Acid	A
Hydrocarbon Type II (40% Aromatic)	C	Toluene	C
Hydrochloric Acid (50%)	A	Transformer Oil	A
Hydrofluoric Acid (5%)	A	Turpentine	A
Hydrofluoric Acid (50%)	A	Urea Formaldehyde	A
Hydrofluosilicic Acid (30%)	A	UAN	A
Isoprophyl Alcohol	T	Vegetable Oil	A
Ivory Soap	A	Water (200°F)	A
Jet A	A	Xylene	X
		Zinc Chloride	T

Ratings are based on visual and physical examination of samples after removal from the test chemical after the samples of Black XR-5 were immersed for 28 days at room temperature. Results represent ability of material to retain its performance properties when in contact with the indicated chemical.

Rating Key:

A - Fluid has little or no effect
B - Fluid has minor to moderate effect
C - Fluid has severe effect
T - No data- likely to be acceptable
X - No data- not likely to be acceptable

RUBBER EXPANSION JOINT MATERIAL
Meets or exceeds the performance requirements of ASTM D1751-97 & D1752-84
Manufactured by
THE J D RUSSELL COMPANY

CONCRETE JOINT FILLER

REFLEX® is made of 100% recycled materials – largely discarded tires!

Did you know America discards over 250,000,000 tires every year? An estimated 3 billion tires clutter our dumps and yards! Why not specify a better performer, REFLEX®, and make the choice to help our environment?

Use REFLEX® on your next single family residence project and consume the equivalent of 8.3 passenger tires. As many as 300 tires can be recycled in just one mile of highway including associated drives, approaches, sidewalks and ramps.

GENERAL DESCRIPTION

REFLEX® Rubber Expansion Joint Material for Concrete is a processed board product formed by blending granular crumb rubber derived from discarded tires and various low density polymer components. Pre-molded under heat and pressure, REFLEX® is far more durable than current alternatives.

APPLICATIONS

REFLEX ® Rubber Expansion Joint Material is suitable for use as expansion or control joint in a wide variety of concrete construction projects such as roadways, sidewalks, driveways, flooring, parking lots, patios and curbs.

SIZE AND THICKNESSES

Standard Sheet Sizes – 36" wide by 5', 10' and 12' long in thicknesses of 1/4", 3/8", 1/2" 3/4" and 1". Cut to size strips from 2" to 36" in 1/2" increments.

TYPICAL PROPERTIES	REFLEX RUBBER
Compression (to 50% of original)	passes
Recovery (within 10 minutes)	99-100%
Extrusion	<0.10 inch
Density	40 lbs/ft^3
Water absorption	<2%
Ultraviolet light exposure	passes
Cold temperature exposure	passed@-80degreesF

Submersion in salt solution, gasoline, diesel and motor oil resulted in no change in volume while mass increased indicating absorption of the fluids. No cracking or mechanical degradation occurred.

Durability: Exhibits favorable long term aging characteristics under laboratory testing conditions and will not degradate.

Non-Staining: Will not bleed or migrate to adjacent finished concrete surfaces like petroleum based products can do.

SPECIFICATION STANDARDS: REFLEX® Rubber Expansion Joint meets or exceeds the performance requirements of:

American Association of State Highway and Transportation Officials Specification M-213-95 and M-153-98.

Federal Specification HH-F-341f, Type 1.

American Society for Testing Materials Standard Specifications for Preformed Expansion Joint Fillers for Concrete Paving and Structural Construction D1751-97 and D1752-84 (1996).

Reflex

www.reflexrubber.com www.jdrussellco.com

DOT APPROVALS

SALES

TECH SPECS SPEC INSERTS MSDS

[Warranty] [Delivery Terms and Conditions] [Homepage]

CONSTRUCTION PRODUCTS: [Conflex] [Homex 300] [Reflex] [Asphalt D-994] [Neoprene & Foam] [Cork] [Anchor Bolts] [Bar Ties & Tie Wire] [Masonry Wall Ties] [Metal Screed Joint] [Nail Stakes & Form Pins] [Plastic Keyway] [PVC Speedy Joint] [PVC Void Cap] [Polyethylene Sheeting] [Reinforcing Bar] [Rubber Utility Tiles] [Silt Fence] [Wire Mesh]

LANDSCAPE PRODUCTS: [Duraedge] [Duralum] [Duraroll] [Polyethylene Sheeting]

Wire mesh

Certificate of Inspection and compliance
C.E. Shepherd Company, L.P.
Houston, TX. U.S.A.

Work Order#: 218167

Customer: TAYLOR CORPORATION

Customer Purchase Order #: TOMMY **Date:** 8/3/04

We certify that the material or parts supplied by us on the above referenced purchase order conforms fully to the specifications stipulated in the order. Compliance for quality assurance has been determined by testing and inspection in accordance with the required specifications, and results conform to applicable acceptance criteria.

X: Randy White **Date:** 8/3/04

C.E. SHEPHERD Co., L.P. Representation

SHERMAN WIRE OF CALDWELL, INC.
P O BOX 879 CALDWELL, TX 77836, 979-567-7916

CERTIFIED TEST REPORT

CUSTOMER:	C E Shepherd	DATE:	
P.O. NUMBER:	701325	B L NO:	
DESCRIPTION:	12 c/3	ANNEAL BATCH NO:	
ROD GRADE:	c-1008	ROD TENSILE:	
SPECIFICATIONS:	a-641	BRITE WIRE TENSILE:	

	TAG NUMBER	WEIGHT LBS	SIZE IN.	BRK STR LBS	TENSILE PSI	ELONG %	CTG WGT OZ/FT2	HEAT NUMBER
	MINIMUM							
	NOMINAL							
	MAXIMUM							
1	889102	970	0.104		79,311		1	22180
2	889148	950	0.104		75,665		0.98	22180
3	889147	1,054	0.104		75,113		0.95	22180
4	889146	921	0.104		75,322		0.94	22180
5	889099	1,250	0.105		83,968		0.92	22180
6	889127	831	0.105		75,914		0.81	22499
7	889128	1,079	0.104		75,638		0.82	22499
8	889105	1,038	0.104		75,811		0.94	22499
9	889106	1,110	0.104		75,399		0.9	22499
10	889107	1,056	0.105		75,759		0.87	22499
11	889108	1,031	0.105		75,874		1	22499
12	889026	918	0.106		75,809		0.81	22618
13	889023	912	0.105		89,561		0.81	22618
14	889025	1,041	0.105		75,111		1	22618
15	889053	1,047	0.104		75,555		1	22180
16	889056	925	0.104		75,431		0.98	22180
17	889052	857	0.104		75,661		0.98	22180
18	889058	913	0.104		89,592		1	22618
19	889075	734	0.105		76,345		1.1	22618
20	889073	852	0.105		75,145		0.96	22618
21	889074	851	0.105		75,795		0.81	22618
22	889086	1,058	0.106		78,989		0.91	22618
23	889087	917	0.105		75,227		1	22618
24	889104	670	0.104		75,665		0.96	22180
25	889101	990	0.104		75,665		0.98	22180
26	889100	997	0.104		75,421		0.95	22180
27	889130	1,049	0.105		75,604		0.8	22499
28	889129	1,102	0.106		75,936		0.94	22499
29	889061	906	0.106		89,661		1.1	22618
30	889060	830	0.106		85,902		1	22618
31	889057	774	0.105		75,455		0.84	22618
32	888988	986	0.105		89,284		1.1	22618
33	889054	874	0.104		75,423		0.98	22180
34	889055	1,041	0.104		75,231		0.96	22180
35	888942	868	0.104		75,518		0.98	22618
36	888938	875	0.104		75,333		0.96	22180
37	888989	816	0.104		78,172		1	22618
38	889016	883	0.106		90,761		0.96	22618
39	889003	986	0.104		76,053		0.91	22618
40	888981	889	0.104		75,445		0.95	22180
	TOTAL WT	37,851						

We hereby certify that the above test results are representative of those contained in the records of the company and were obtained using methods consistent with the requirements of applicable specifications. The above products are manufactured in the U.S.A. from rod melted and manufactured in the U.S.A.

Certified by: Dana Mondey

Monsanto - 11th Street Ditch Response Action Project
Concrete Testing

Date:	Ticket #:	Specimen #:	Days:	%:	Strength:
08/23/04	1705/795341	C06451-0001A	7	102	4,068.00
08/23/04	1705/795341	C06451-0001B	28	128	5,129.00
08/23/04	1705/795341	C06451-0001C	28	129	5,164.00
08/23/04	1705/795345	C06452-0002A	7	97	3,891.00
08/23/04	1705/795345	C06452-0002B	28	124	4,952.00
08/23/04	1705/795345	C06452-0002C	28	123	4,917.00
08/24/04	1599/795359/100535	C06453-0003A	7	111	4,457.00
08/24/04	1599/795359/100535	C06453-0003B	28	124	4,952.00
08/24/04	1599/795359/100535	C06453-0003C	28	125	4,988.00
09/03/04	599/795437	C06474-0004A	7	113	4,528.00
09/03/04	599/795437	C06474-0004B	28	142	5,660.00
09/09/04	1705/795449	C06481-0005A	7	103	4,103.00
09/09/04	1705/795449	C06481-0005B	28	112	4,492.00
09/10/04	N/A	C06489-0006A	7	80	3,184.00
09/10/04	N/A	C06489-0006B	28	119	4,775.00
09/13/04	1597/795472	C06501-0007A	7	97	3,891.00
09/13/04	1597/795472	C06501-0007B	28	119	4,775.00
09/20/04	1597/827245	C06509-0008A	7	99	3,962.00
09/20/04	1597/827245	C06509-0008B	28	124	4,952.00
09/28/04	1597/827315	C06524-0009A	7	84	3,360.00
09/28/04	1597/827315	C06524-0009B	28	106	4,245.00
10/04/04	1597/827352	C06542-0010A	7	71	2,830.00
10/04/04	1597/827352	C06542-0010B	28	107	4,280.00
10/12/04	1597/827402	C06575-0011A	7	74	2,971.00
10/12/04	1597/827402	C06575-0011B	28	104	4,174.00
10/18/04	1597/827461	C06613-0012A	7	102	4,068.00
10/18/04	1597/827461	C06613-0012B	28	111	4,422.00
10/21/04	1705/827476	C06615-0013A	7	71	2,830.00
10/21/04	1705/827476	C06615-0013B	28	88	3,537.00
10/21/04	1705/827476	C06615-0013C	56	107	4,280.00
10/22/04	1705/827488	C06617-0014A	7	75	3,007.00
10/22/04	1705/827488	C06617-0014B	28	103	4,103.00
10/25/04	1364/827508	C06625-0015A	7	66	2,653.00
10/25/04	1364/827508	C06625-0015B	28	85	3,396.00
10/25/04	1364/827508	C06625-0015C	56	87	3,467.00
10/26/04	1705/827520	C06626-0016A	7	73	2,936.00
10/26/04	1705/827520	C06626-0016B	28	80	3,184.00
10/26/04	1705/827520	C06626-0016C	56	82	3,290.00
10/27/04	1364/827535	C06633-0017A	7	53	2,122.00
10/27/04	1364/827535	C06633-0017B	14	71	2,830.00

Monsanto - 11th Street Ditch Response Action Project
Concrete Testing

10/27/04	1364/827535	C06633-017C	28	91	3,643.00
10/29/04	1599/827579	C06645-0018A	7	57	2,299.00
10/29/04	1599/827579	C06645-0018B	14	69	2,759.00
10/29/04	1599/827579	C06645-0018C	28	75	3,007.00
11/08/04	1703/795553	C06659-0019A	7	104	4,174.00
11/08/04	1703/795553	C06659-0019B	28	125	4,988.00
11/10/04	1703/827606	C06664-0020A	7	102	4,068.00
11/10/04	1703/827606	C06664-0020B	28	126	5,023.00
11/15/04	827645/1364	C06675-0021A	7	66	2,653.00
11/15/04	827645/1364	C06675-0021B	28	127	5,094.00
11/16/04	1165/827652	C06683-0022A	7	66	2,653.00
11/16/04	1165/827652	C06683-0022B	28	109	4,351.00
11/17/04	1599/827665	C06693-0023A	7	88	3,537.00
11/17/04	1599/827665	C06693-0023B	28	113	4,528.00
11/18/04	1703/827680	C06694-0024A	7	117	4,669.00
11/18/04	1703/827680	C06694-0024B	28	134	5,377.00
11/19/04	1597/827694	C06702-0025A	7	108	4,316.00
11/19/04	1597/827694	C06702-0025B	28	131	5,235.00

Panel #:	Station #:	Average PSI of 3 Cores:	
#1	19+95 20+05 20+30	4,285.00	✓
#2	18+50 18+30 18+10	3,351.00	✓
#3	10+80 10+40 9+90	6,266.00	✓

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

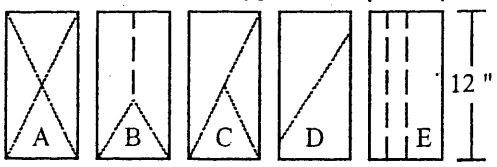
Placement Location: CANAL C-2
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795341
Batch time: 7:54 AM
Time In Mixer: 48 MINUTES
Mix No. : 994013
Concrete Temp: 91 DEGREES
Weather: CLOUDY 80 DEGREES

Sample Date: 08/23/2004
Set No. : 1 of 4 specimen(s)
Slump: .5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 24 GALLONS
Batch Size: 8 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06451-0001A	7	08/30/2004	115,000	28.27	4,068	102	A
C06451-0001B	28	09/20/2004	145,000	28.27	5,129	128	A
C06451-0001C	28	09/20/2004	146,000	28.27	5,164	129	A
C06451-0001D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

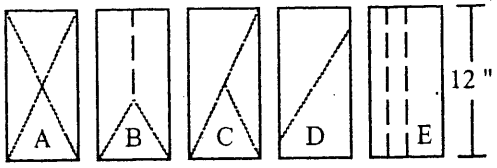
Placement Location: CANAL C-2
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795345
Batch time: 10:00 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013
Concrete Temp: 91 DEGREES
Weather: CLOUDY 84 DEGREES

Sample Date: 08/23/2004
Set No. : 2 of 4 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 15 GALLONS
Batch Size: 24 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06452-0002A	7	08/30/2004	110,000	28.27	3,891	97	A
C06452-0002B	28	09/20/2004	140,000	28.27	4,952	124	A
C06452-0002C	28	09/20/2004	139,000	28.27	4,917	123	A
C06452-0002D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

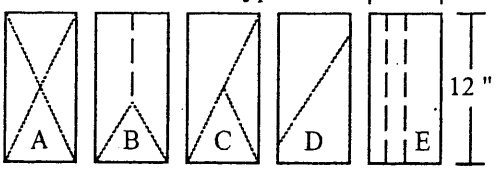
Placement Location: C-SECTION 4 + 25
Sampled By: GALLET-TCHEATWOOD
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/795359/100535
Batch time: 9:25 AM
Time In Mixer: N/A
Mix No. : 994013
Concrete Temp: 94 DEGREES
Weather: CLOUDY 84 DEGREES

Sample Date: 08/24/2004
Set No. : 1 of 4 specimen(s)
Slump: 1.0"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 8 OF 40 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 8/25/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06453-0003A	7	08/31/2004	126,000	28.27	4,457	111	A
C06453-0003B	28	09/21/2004	140,000	28.27	4,952	124	A
C06453-0003C	28	09/21/2004	141,000	28.27	4,988	125	A
C06453-0003D	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

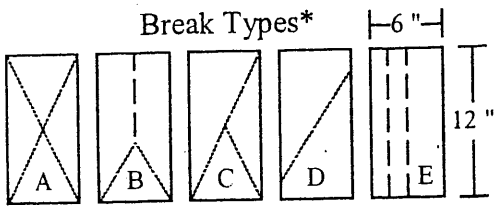
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: D2 DITCH - ST 0 + 90
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 599/795437
Batch time: 10:00 AM
Time In Mixer: 80 MINUTES
Mix No. : 994013
Concrete Temp: 89 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/03/2004
Set No. : 1 of 3 specimen(s)
Slump: 1.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 24 OF 24 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/04/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06474-0004A	7	09/10/2004	128,000	28.27	4,528	113	A
C06474-0004B	28	10/01/2004	160,000	28.27	5,660	142	A
C06474-0004C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

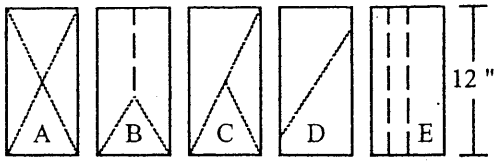
Placement Location: DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/795449
Batch time: 11:13 AM
Time In Mixer: 50 MINUTES
Mix No. : 994013
Concrete Temp: 90 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/09/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 64 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/10/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06481-0005A	7	09/16/2004	116,000	28.27	4,103	103	A
C06481-0005B	28	10/07/2004	127,000	28.27	4,492	112	A
C06481-0005C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

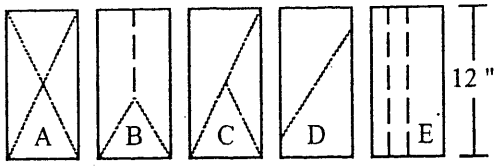
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location:
Sampled By: CONTRACTOR
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: N/A
Batch time:
Time In Mixer: N/A
Mix No. : N/A
Concrete Temp: N/A
Weather: N/A

Sample Date: 09/10/2004
Set No. : 1 of 3 specimen(s)
Slump: 4"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: N/A
Batch Size: N/A

Remarks: Picked up by Gallet & Associates, Inc. on 9/11/04. INFORMATION PROVIDED BY CONTACTOR.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06489-0006A	7	09/17/2004	90,000	28.27	3,184	80	A
C06489-0006B	28	10/08/2004	135,000	28.27	4,775	119	A
C06489-0006C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

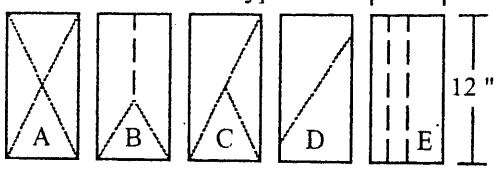
Placement Location: B-DITCH; STA 5 + 00
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/795472
Batch time: 7:55 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013
Concrete Temp: 87 DEGREES
Weather: CLOUDY 74 DEGREES

Sample Date: 09/13/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 24 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/14/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06501-0007A	7	09/20/2004	110,000	28.27	3,891	97	A
C06501-0007B	28	10/11/2004	135,000	28.27	4,775	119	A
C06501-0007C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

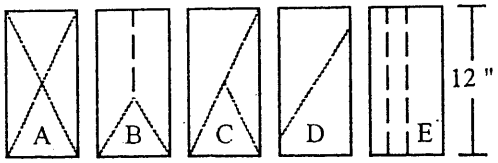
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: B-DITCH; 20+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827245
Batch time: 9:06 AM
Time In Mixer: 1 HOUR 20 MINUTES
Mix No. : 994013
Concrete Temp: 81 DEGREES
Weather: CLEAR 70 DEGREES

Sample Date: 09/20/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 18 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/21/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06509-0008A	7	09/27/2004	112,000	28.27	3,962	99	A
C06509-0008B	28	10/18/2004	140,000	28.27	4,952	124	A
C06509-0008C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

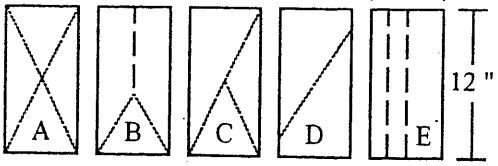
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL STA. 17+40 & 16+80
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827315
Batch time: 10:28 AM
Time In Mixer: 1 HOUR 30 MINUTES
Mix No. : 994013
Concrete Temp: 89 DEGREES
Weather: CLEAR 85 DEGREES

Sample Date: 09/28/2004
Set No. : 1 of 3 specimen(s)
Slump: 1.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 10 GALLONS
Batch Size: 45 OF 57 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/29/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06524-0009A	7	10/05/2004	95,000	28.27	3,360	84	A
C06524-0009B	28	10/26/2004	120,000	28.27	4,245	106	A
C06524-0009C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

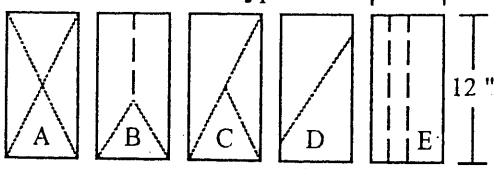
Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: N/A
Truck/Ticket: 1597/827352
Batch time:
Time In Mixer: N/A
Mix No. : 994013
Concrete Temp: 82 DEGREES
Weather: CLEAR 80 DEGREES
Sample Date: 10/04/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 18 OF 65 YDS
Remarks: Picked up by Gallet & Associates, Inc. on 10/5/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06542-0010A	7	10/11/2004	80,000	28.27	2,830	71	A
C06542-0010B	28	11/01/2004	121,000	28.27	4,280	107	A
C06542-0010C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

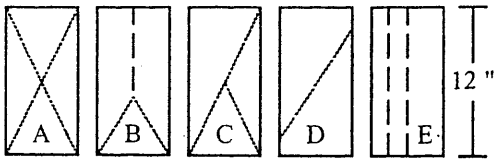
Placement Location: CANAL DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827402
Batch time: 11:27 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 88 DEGREES
Weather: PARTLY CLOUDY 82 DEGREES

Sample Date: 10/12/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/13/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06575-0011A	7	10/19/2004	84,000	28.27	2,971	74	A
C06575-0011B	28	11/09/2004	118,000	28.27	4,174	104	A
C06575-0011C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

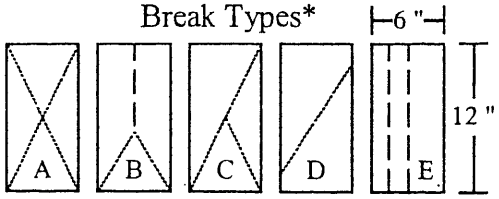
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1597/827461
Batch time: 12:44 PM
Time In Mixer: 2 HOURS
Mix No. : 994013-A1904
Concrete Temp: 82 DEGREES
Weather: CLOUDY 70 DEGREES

Sample Date: 10/18/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 54 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06613-0012A	7	10/25/2004	115,000	28.27	4,068	102	A
C06613-0012B	28	11/15/2004	125,000	28.27	4,422	111	A
C06613-0012C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

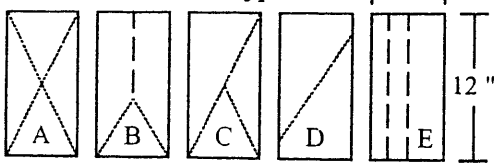
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827476
Batch time: 9:25 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/21/2004
Set No. : 1 of 3 specimen(s)
Slump: 3.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06615-0013A	7	10/28/2004	80,000	28.27	2,830	71	A
C06615-0013B	28	11/18/2004	100,000	28.27	3,537	88	A
C06615-0013C	56	12/16/2004					

Break Types*



Reported By: Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

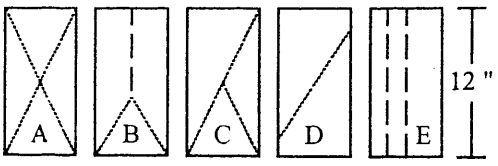
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827488
Batch time: 9:45 AM
Time In Mixer: 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/22/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.0"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/23/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06617-0014A	7	10/29/2004	85,000	28.27	3,007	75	A
C06617-0014B	28	11/19/2004	116,000	28.27	4,103	103	A
C06617-0014C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

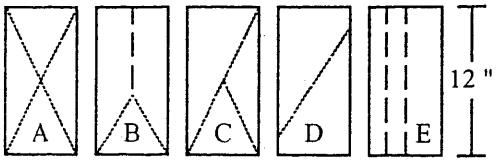
Placement Location: CANAL - DITCH - F
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827508
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 80 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/25/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06625-0015A	7	11/01/2004	75,000	28.27	2,653	66	A
C06625-0015B	28	11/22/2004	96,000	28.27	3,396	85	B
C06625-0015C	56	12/20/2004					

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

(85) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

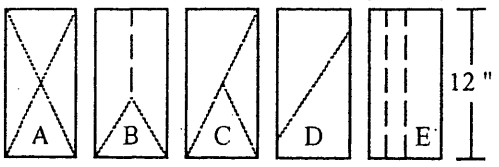
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827520
Batch time: 10:15 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 84 DEGREES
Weather: CLEAR 79 DEGREES

Sample Date: 10/26/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 5 GALLONS
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06626-0016A	7	11/02/2004	83,000	28.27	2,936	73	A
C06626-0016B	28	11/23/2004	90,000	28.27	3,184	80	A
C06626-0016C	56	12/21/2004					

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

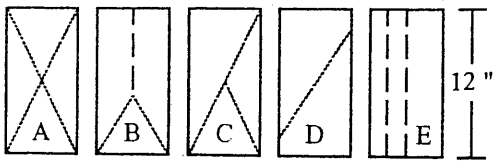
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827535
Batch time: 8:31 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/27/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 8 GALLONS
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06633-0017A	7	11/03/2004	60,000	28.27	2,122	53	A
C06633-0017B	14	11/10/2004	80,000	28.27	2,830	71	A
C06633-0017C	28	11/24/2004	103,000	28.27	3,643	91	B

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

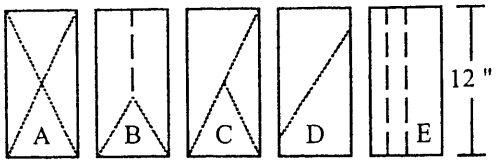
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827579
Batch time: 1:53 PM
Time In Mixer: 70 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 10/29/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/30/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06645-0018A	7	11/05/2004	65,000	28.27	2,299	(57)	A
C06645-0018B	14	11/12/2004	78,000	28.27	2,759	69	B
C06645-0018C	28	11/26/2004	85,000	28.27	3,007	(75)	B

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

(57) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

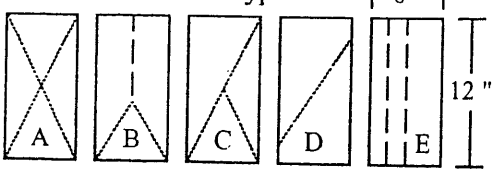
Placement Location: CANAL G DITCH
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/795553
Batch time: 11:23 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 75 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 11/08/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 54 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/09/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06659-0019A	7	11/15/2004	118,000	28.27	4,174	104	A
C06659-0019B	28	12/06/2004	141,000	28.27	4,988	125	A
C06659-0019C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

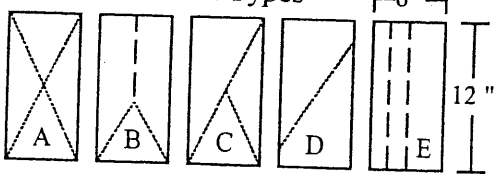
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: STA. 9+15 - 8+55 G5
Sampled By: GALLET-TCHEATWOOD
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827606
Batch time: 10:05 AM
Time In Mixer: 90 MINUTES
Mix No. : 994014
Concrete Temp: 70 DEGREES
Weather: CLEAR 68 DEGREES

Sample Date: 11/10/2004
Set No. : 1 of 3 specimen(s)
Slump: 2.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 15 GALLONS
Batch Size: 36 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/11/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06664-0020A	7	11/17/2004	115,000	28.27	4,068	102	A
C06664-0020B	28	12/08/2004	142,000	28.27	5,023	126	A
C06664-0020C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: _____
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

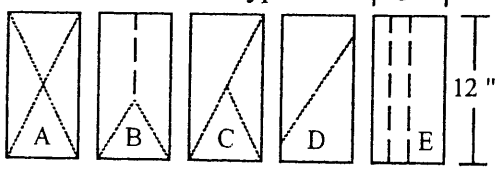
Placement Location: CANAL DITCH G ST 5+30 - 4+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 827645/1364
Batch time: 1:24 PM
Time In Mixer: 90 MINUTES
Mix No. : 994014-A1904
Concrete Temp: 72 DEGREES
Weather: CLEAR 70 DEGREES

Sample Date: 11/15/2004
Set No. : 1 of 3 specimen(s)
Slump: 1"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 54 OF 77 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/16/04

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06675-0021A	7	11/22/2004	75,000	28.27	2,653	66	A
C06675-0021B	28	12/13/2004	144,000	28.27	5,094	127	A
C06675-0021C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

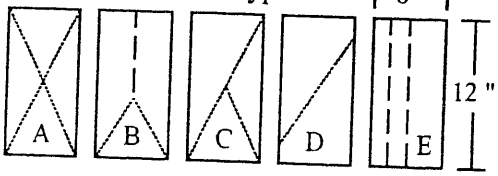
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G 4+10 - 4+70
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1165/827652
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994014A1904
Concrete Temp: 66 DEGREES
Weather: CLEAR 64 DEGREES

Sample Date: 11/16/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 77 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/17/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06683-0022A	7	11/23/2004	75,000	28.27	2,653	66	A
C06683-0022B	28	12/14/2004	123,000	28.27	4,351	109	C
C06683-0022C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

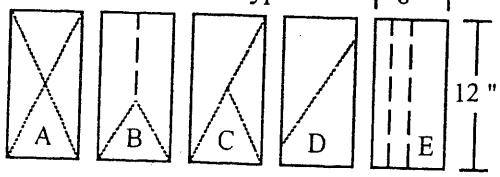
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: DITCH G 4+15 - 3+13
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827665
Batch time: 10:50 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: CLEAR 70 DEGREES
Remarks: Picked up by Gallet & Associates, Inc. on 11/18/04.

Sample Date: 11/17/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 63 OF 125 YDS

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06693-0023A	7	11/24/2004	100,000	28.27	3,537	88	A
C06693-0023B	28	12/15/2004	128,000	28.27	4,528	113	B
C06693-0023C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

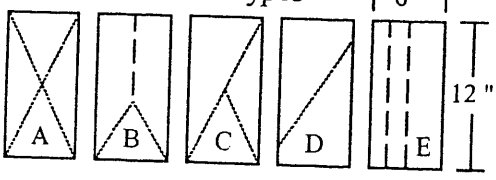
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G DITCH 0+75 - 1+35
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827680
Batch time: 11:08 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: PARTLY CLOUDY 70 DEGREES
Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 72 OF 99 YDS

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06694-0024A	7	11/25/2004	132,000	28.27	4,669	117	A
C06694-0024B	28	12/16/2004					
C06694-0024C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

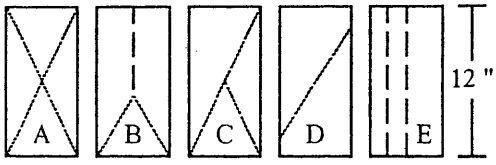
Placement Location: G DITCH 1+35 - 1+95
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORP
Supplier: LAFARGE
Truck/Ticket: 1597/827694
Batch time: 9:22 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 68 DEGREES
Weather: CLOUDY LIGHT RAIN 64 DEGR

Sample Date: 11/19/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 45 OF 86 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06702-0025A	7	11/26/2004	122,000	28.27	4,316	108	A
C06702-0025B	28	12/17/2004					
C06702-0025C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: _____
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

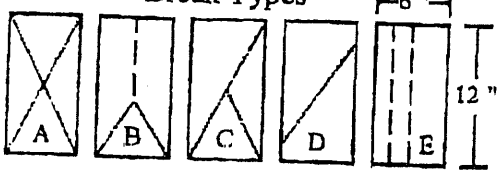
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827476
Batch time: 9:25 AM
Time In Mixer: 60 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLOUDY 75 DEGREES

Sample Date: 10/21/2004
Set No. : 1 of 3 specimen(s)
Slump: 3.5"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06615-0013A	7	10/28/2004	80,000	28.27	2,830	71	A
C06615-0013B	28	11/18/2004	100,000	28.27	3,537	88	A
C06615-0013C	56	12/16/2004	121,000	28.27	4,280	107	A

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

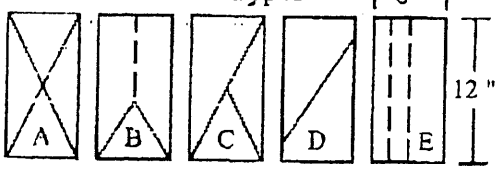
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - F
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827508
Batch time: 8:35 AM
Time In Mixer: 90 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 80 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/25/2004
Set No. : 1 of 3 specimen(s)
Slump: 3"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06625-0015A	7	11/01/2004	75,000	28.27	2,653	66	A
C06625-0015B	28	11/22/2004	96,000	28.27	3,396	85	B
C06625-0015C	56	12/20/2004	98,000	28.27	3,467	87	B

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

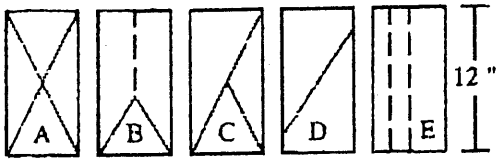
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1705/827520
Batch time: 10:15 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 84 DEGREES
Weather: CLEAR 79 DEGREES

Sample Date: 10/26/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 5 GALLONS
Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06626-0016A	7	11/02/2004	83,000	28.27	2,936	73	A
C06626-0016B	28	11/23/2004	90,000	28.27	3,184	80	A
C06626-0016C	56	12/21/2004	93,000	28.27	3,290	82	A

Break Types*



Reported By:
Todd Cheatwood
Quality Control Manager

* Break types apply to cylinders only.

Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

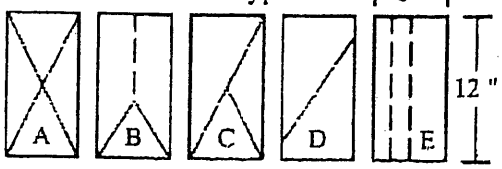
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL - DITCH - G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1364/827535
Batch time: 8:31 AM
Time In Mixer: 1 HOUR 45 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 83 DEGREES
Weather: CLEAR 78 DEGREES

Sample Date: 10/27/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: 8 GALLONS
Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06633-0017A	7	11/03/2004	60,000	28.27	2,122	53	A
C06633-0017B	14	11/10/2004	80,000	28.27	2,830	71	A
C06633-0017C	28	11/24/2004	103,000	28.27	3,643	91	B

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

( ) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

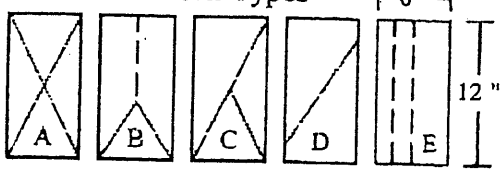
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: CANAL DITCH G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1599/827579
Batch time: 1:53 PM
Time In Mixer: 70 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 10/29/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc on 10/30/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06645-0018A	7	11/05/2004	65,000	28.27	2,299	57	A
C06645-0018B	14	11/12/2004	78,000	28.27	2,759	69	B
C06645-0018C	28	11/26/2004	85,000	28.27	3,007	75	B

Break Types*



* Break types apply to cylinders only.

Reported By:
Todd Cheatwood
Quality Control Manager

(oval) Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

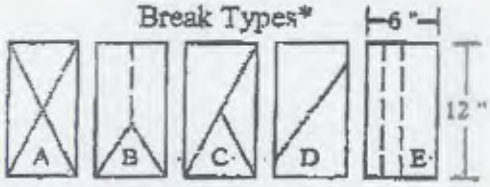
Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G'DITCH 0+75 - 1+35
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION
Supplier: KIRKPATRICK
Truck/Ticket: 1703/827680
Batch time: 11:08 AM
Time In Mixer: 60 MINUTES
Mix No.: 994013-A-1904
Concrete Temp: 76 DEGREES
Weather: PARTLY CLOUDY 70 DEGREES

Sample Date: 11/18/2004
Set No.: 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 72 OF 99 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06694-0024A	7	11/25/2004	132,000	28.27	4,669	117	A
C06694-0024B	28	12/16/2004	152,000	28.27	5,377	134	A
C06694-0024C	HOLD	HOLD					



* Break types apply to cylinders only.

Reported By:
Todd Chestwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

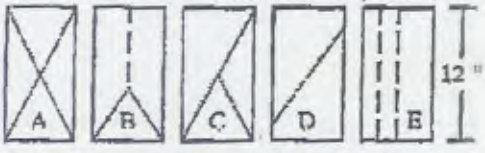
Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
OXFORD, AL 36203-
Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA
Placement Location: G DITCH 1+35 - 1+95
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORP
Supplier: LAFARGE
Truck/Ticket: 1597/827694
Batch time: 9:22 AM
Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 68 DEGREES
Weather: CLOUDY LIGHT RAIN 64 DEGR
Sample Date: 11/19/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 45 OF 86 YDS
Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Specimen Number	Age (Days)	Test Date	Load (pounds)	Area (in^2)	Strength (psi)	Design (%)	Break Type
C06702-0025A	7	11/26/2004	122,000	28.27	4,316	108	A
C06702-0025B	28	12/17/2004	148,000	28.27	5,235	131	A
C06702-0025C	HOLD	HOLD					

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.