

N61414.AR.001787
NAB LITTLE CREEK
5090.3a

FINAL TECHNICAL MEMORANDUM NON-TIME CRITICAL REMOVAL ACTION PROJECT
COMPLETION SUMMARY FOR SOLID WASTE MANAGEMENT UNIT 3 (SWMU 3) PIER 10
SANDBLAST YARD AND SOLID WASTE MANAGEMENT UNIT 7B SMALL BOATS
SANDBLAST YARD VOLUME 2 OF 3 SECTION 1 OF ATTACHMENT I JEB
LITTLE CREEK VA
9/1/2013
CH2M HILL

Attachment I
Waste Manifests and Transportation and Disposal
Documentation



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603747

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	02/22/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1001	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 07:37:48	PC301 Scale 1	kimbo3		Tare	69200 lb
Out	02/22/2013 08:08:20	PC302 Scale2	kimbo3		Net	34600 lb
					Tons	17.30

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.30	Tons				VA
2 TPT-Transportation	100	17.30	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603751

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1063	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 07:53:09	PC301 Scale 1	kimbo3			70920 lb
					Tare	30540 lb
Out	02/22/2013 08:13:55	PC302 Scale2	kimbo3		Net	40380 lb
					Tons	20.19

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.19	Tons				VA
2 TPT-Transportation	100	20.19	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM



C-28

1063



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1063

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, X Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY: Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

- a) Transporter's Name: D. W. Co. Hauling
b) Transporter's Address: 11520 Fox Cross rd
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-384
e) Trailer or Container No.:
f) Name of Driver: D.L. Mollay
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt 2/22/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603750

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1071			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 07:52:16	PC301 Scale 1	kimbo3			73080 lb
					Tare	31780 lb
Out	02/22/2013 08:15:39	PC302 Scale2	kimbo3		Net	41300 lb
					Tons	20.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.65	Tons				VA
2 TPT-Transportation	100	20.65	Tons				VA

Total Tax
 Total Ticket





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603752

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1054			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 07:54:44	PC301 Scale 1	kimbo3			75100 lb
Out	02/22/2013 08:18:54	PC302 Scale2	kimbo3			30320 lb
					Net	44780 lb
					Tons	22.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.39	Tons				VA
2 TPT-Transportation	100	22.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



C-24



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1054

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: DWCA-9, Ashland VA, (804) 798-4777, 35-335 VA, K. Anderson, 2/22/13.
Transfer Facility:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2:
Disposal Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 988-7210, Same as Above.
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603754

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1050			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	55640 lb
In	02/22/2013 07:58:47	PC301 Scale 1	kimbo3		Tare	27440 lb
Out	02/22/2013 08:21:56	PC302 Scale 2	kimbo3		Net	28200 lb
					Tons	14.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.10	Tons				VA
2 TPT-Transportation	100	14.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603760

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1047	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 08:10:23	PC301 Scale 1	kimbo3		Tare	63740 lb
Out	02/22/2013 08:43:14	PC302 Scale2	kimbo3		Net	25920 lb
					Tons	37820 lb
						18.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.91	Tons				VA
2 TPT-Transportation	100	18.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No 1047

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Feed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: T R
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603762

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/22/2013 Vehicle# 223 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1060
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 08:13:21	PC301 Scale 1	kimbo3		72500 lb	
Out	02/22/2013 08:45:09	PC302 Scale 2	kimbo3		26680 lb	
					Net	45820 lb
					Tons	22.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.91	Tons				VA
2 TPT-Transportation	100	22.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Teroy Davis



T-223

1060



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1060

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603745

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/22/2013 Vehicle# 60343 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest no manifest / 1031
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 07:35:09	PC301 Scale 1	kimbo3		51400	1b
Out	02/22/2013 07:50:34	PC302 Scale2	kimbo3		26860	1b
					Net	24540 1b
					Tons	12.27

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.27	Tons				VA
2 TPT-Transportation	100	12.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603763

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1036			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 08:18:28	PC301 Scale 1	kimbo3		66600 lb	
					Tare	26380 lb
Out	02/22/2013 08:47:08	PC302 Scale2	kimbo3		Net	40220 lb
					Tons	20.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.11	Tons				VA
2 TPT-Transportation	100	20.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keita Watts



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603761

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	460	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1061			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 08:12:18	PC301 Scale 1	kimbo3		66460	1b
Out	02/22/2013 08:48:52	PC302 Scale2	kimbo3		27060	1b
					Net	39400 1b
					Tons	19.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.70	Tons			VA
2	TPT-Transportation	100	19.70	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



T-100



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1061

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 5 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-244 P
e) Trailer or Container No.: 460
f) Name of Driver: Tommy Wheeler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt: 2-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603767

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1032			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57800 lb
In	02/22/2013 08:44:41	PC301 Scale 1	kimbo3		Tare	27880 lb
Out	02/22/2013 09:01:11	PC302 Scale2	kimbo3		Net	29920 lb
					Tons	14.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.96	Tons				VA
2 TPT-Transportation	100	14.96	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603769

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1002	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73980 lb
In	02/22/2013 08:57:13	PC301 Scale 1	kimbo3		Tare	34720 lb
Out	02/22/2013 09:18:32	PC302 Scale2	kimbo3		Net	39260 lb
					Tons	19.63

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.63	Tons			VA
2	TPT-Transportation	100	19.63	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1002

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: RE CD
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 015356
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603772

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 02/22/2013 Vehicle# 28 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1067
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

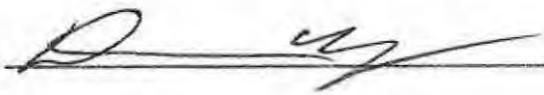
	Time	Scale	Operator	Inbound	Gross	79180 lb
In	02/22/2013 09:10:26	PC301 Scale 1	kimbo3		Tare	31200 lb
Out	02/22/2013 09:32:33	PC302 Scale2	kimbo3		Net	47980 lb
					Tons	23.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.99	Tons				VA
2 TPT-Transportation	100	23.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



C-28



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1067

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: D.W. Corp Hauls
b) Transporter's Address: 11520 Koxcross Rd Ashland VA
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Mallory
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 2/22/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 2/22/13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) J. O. 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603775

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1078			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 09:18:08	PC301 Scale 1	kimbo3		Tare	73220 lb 32160 lb
Out	02/22/2013 09:39:48	PC302 Scale 2	kimbo3		Net	41060 lb
					Tons	20.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.53	Tons				VA
2 TPT-Transportation	100	20.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

403W/M



C 01

Manifest No. 1078



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**

b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**

c) Generator's Representative: **Bryan Peed**

d) Telephone Number: **(757) 341-0480**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Same**

k) Address: **Same**

l) Telephone Number: () **Same**

f) Common Name of Waste: **Dredge Sediment**

g) Description of Waste: **Same as Above**

h) Disposal Volume: **One (1)**

_____ Tons _____ Cubic Yards **X** Other **Load**

m) Asbestos ONLY - Friable, Both, _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: **D. W. CARY**

b) Transporter's Address: **ASHLAND VA**

c) Telephone Number: () **298-4777**

d) Vehicle License No./State: **24-162**

e) Trailer or Container No.: **1**

f) Name of Driver: **R. ROBERTS**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt **22 Feb 2013**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Charles City Landfill**

b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**

c) Telephone Number: **(804) 966-7210**

d) Mailing Address: **Same as Above**

e) Name of Disposal Facility's Authorized Agent (print/type) **KCC 2.22.19**

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



00016 Shagbays Road, Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

00016 Shagbays Road, Landfill
 Ticket# 1603776

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 02/22/2013 Vehicle# 29 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1055 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 09:19:51	PC301 Scale 1	kimbo3		80960 lb	
Out	02/22/2013 09:42:48	PC302 Scale 2	kimbo3		31200 lb	
					Net	49760 lb
					Tons	24.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.88	Tons				VA
2 TPT-Transportation	100	24.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 503778

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1051			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57860 lb
In	02/22/2013 09:21:10	PC301 Scale 1	kimbo3		Tare	27420 lb
Out	02/22/2013 09:59:30	PC302 Scale2	kimbo3		Net	30440 lb
					Tons	15.22

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.22	Tons			VA
2	TPT-Transportation	100	15.22	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603787

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1163			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 09:50:06	PC301 Scale 1	kimbo3		67300	1b
Out	02/22/2013 10:15:22	PC302 Scale 2	kimbo3		33000	1b
					Net	34220 1b
					Tons	17.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.11	Tons				VA
2 TPT-Transportation	100	17.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



8274

1163



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address: 3450 Charles City Rd Richmond
c) Telephone Number: (804)
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kenny France
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 02-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 02-22-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KDC 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603765

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 08:32:41	PC301 Scale 1	kimbo3			56200 lb
					Tare	27840 lb
Out	02/22/2013 09:11:15	PC302 Scale2	kimbo3		Net	28360 lb
					Tons	14.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.18	Tons				VA
2 TPT-Transportation	100	14.18	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Kimbo





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1158

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 536
e) Trailer or Container No.: 1188
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Rusty K Date of Receipt: 2 22 13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Rusty K Date of Receipt: 2 22 13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2 22 13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603797

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1033			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59840 lb
In	02/22/2013 10:07:00	PC301 Scale 1	kimbo3		Tare	27680 lb
Out	02/22/2013 10:22:57	PC302 Scale2	kimbo3		Net	32160 lb
					Tons	16.08

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	Tons				VA
2	TPT-Transportation	100	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1033

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Tons X Other Load
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 17 4103 804 00
Trailer or Container No.: 60343
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 2-22-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) JCC 2-22-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
Responsible Agency Name and Address:



Charles City County Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Original # 603788

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1048	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71220 lb
In	02/22/2013 09:52:09	PC301 Scale 1	kimbo3		Tare	26900 lb
Out	02/22/2013 10:27:50	PC302 Scale 2	kimbo3		Net	44320 lb
					Tons	22.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.16	Tons				VA
2 TPT-Transportation	100	22.16	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

JR Harney



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603793

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1059			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:02:19	PC301 Scale 1	kimbo3			69520 lb
					Tare	27200 lb
Out	02/22/2013 10:29:26	PC302 Scale2	kimbo3		Net	42320 lb
					Tons	21.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.16	Tons				VA
2 TPT-Transportation	100	21.16	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jeroy Davis



1003



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1059

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KSC 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603794

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1037			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66140 lb
In	02/22/2013 10:02:59	PC301 Scale 1	kimbo3		Tare	26840 lb
Out	02/22/2013 10:32:39	PC302 Scale2	kimbo3		Net	39300 lb
					Tons	19.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.65	Tons				VA
2 TPT-Transportation	100	19.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603798

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	460	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1043			
Destination		Grid	P403	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:07:33	PC301 Scale 1	kimbo3			66140 lb
Out	02/22/2013 10:35:12	PC302 Scale2	kimbo3			28240 lb
					Net	37900 lb
					Tons	18.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.95	Tons			VA
2	TPT-Transportation	100	18.95	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WMM

T. Whelan



7460



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1043

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable: Both, % Friable Non-Friable: N/A, % non-Friable

n) Type of Containers: TR TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 6 mil. Plastic Bag BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-244P
e) Trailer or Container No.:
f) Name of Driver: Tanya Wheeler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JAC 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603803

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1003			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75420 lb
In	02/22/2013 10:17:42	PC301 Scale 1	kimbo3		Tare	34860 lb
Out	02/22/2013 10:40:48	PC302 Scale2	kimbo3		Net	40560 lb
					Tons	20.28

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.28	Tons			VA
2	TPT-Transportation	100	20.28	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

MANAGER'S SIGNATURE

8281



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1003

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P/53561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603805

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/22/2013	Vehicle#	1188	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1159			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:20:00	PC301 Scale 1	kimbo3		Tare	66900 lb 28700 lb
Out	02/22/2013 10:52:39	PC302 Scale2	kimbo3		Net	38200 lb
					Tons	19.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.10	Tons				VA
2 TPT-Transportation	100	19.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Plusty

403WM



2CD 1188



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1159

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107854
e) Trailer or Container No.: 1188
f) Name of Driver: R. R. R.
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603813

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1052			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59060 lb
In	02/22/2013 10:51:44	PC301 Scale 1	kimbo3		Tare	27400 lb
Out	02/22/2013 11:13:24	PC302 Scale2	kimbo3		Net	31660 lb
					Tons	15.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.83	Tons			VA
2	TPT-Transportation	100	15.83	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603808

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1074	Grid	P4C3	
Destination	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82540 lb
In	02/22/2013 10:39:17	PC301 Scale 1	kimbo3		Tare	31780 lb
Out	02/22/2013 11:14:38	PC302 Scale2	kimbo3		Net	50860 lb
					Tons	25.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.43	Tons				VA
2 TPT-Transportation	100	25.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603806

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1065			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:34:46	PC301 Scale 1	kimbo3			80420 lb
Out	02/22/2013 11:18:56	PC302 Scale2	kimbo3			30640 lb
					Net	49780 lb
					Tons	24.89

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.89	Tons			VA
2	TPT-Transportation	100	24.89	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1065

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D.L. Conroy Hauling
b) Transporter's Address: 11520 Fox Cross Rd, Ashland, VA
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Conroy
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 2/22/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 2/22/13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603807

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1154			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:36:42	PC301 Scale 1	kimbo3			72300 lb
Out	02/22/2013 11:22:21	PC302 Scale2	kimbo3			30540 lb
					Net	41760 lb
					Tons	20.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.88	Tons				VA
2 TPT-Transportation	100	20.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



C19



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1154

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D.W. Cary
b) Transporter's Address:
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 24-161
e) Trailer or Container No.: 19
f) Name of Driver: Nelson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603809

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1056	Grid	P4C3	
Destination				
PD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 10:40:22	PC301 Scale 1	kimbo3		78000	lb
Out	02/22/2013 11:23:57	PC302 Scale2	kimbo3		30980	lb
					Net	47020 lb
					Tons	23.51

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.51	Tons			VA
2	TPT-Transportation	100	23.51	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

WM's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603818

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1034			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 11:08:18	PC301 Scale 1	kimbo3			58160 lb
Out	02/22/2013 11:29:12	PC302 Scale2	kimbo3			28060 lb
					Net	30100 lb
					Tons	15.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.05	Tons			VA
2	TPT-Transportation	100	15.05	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603817

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1165			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 11:07:40	PC301 Scale 1	kimbo3		Tare	74440 lb
Out	02/22/2013 11:30:00	PC302 Scale2	kimbo3		Net	32880 lb
					Tons	41560 lb
						20.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.78	Tons				VA
2 TPT-Transportation	100	20.78	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1165

8274

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ISC
b) Transporter's Address: 3450 Charles City Rd Richmond
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kenny Freese
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 02-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 2-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603820

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1049	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 11:25:49	PC301 Scale 1	kimbo3			67920 lb
Out	02/22/2013 11:49:01	PC301 Scale 2	kimbo3			26520 lb
					Net	41400 lb
					Tons	20.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.70	Tons			VA
2	TPT-Transportation	100	20.70	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

JR Harvey



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1049

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16-188P
Trailer or Container No.: 199
Name of Driver: JAMES HARVEY
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 2-22-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 2-22-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): JOC 2-22-13
The material delivered by the Transporter has been received at the Disposal Facility: James Harvey 2-22-13
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator's Name (print/type) Signature of Operator's Authorized Agent Date
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603821

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1039	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 11:26:28	PC301 Scale 1	kimbo3			68840 lb
					Tare	27040 lb
Out	02/22/2013 11:51:24	PC301 Scale 2	kimbo3		Net	41800 lb
					Tons	20.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.90	Tons			VA
2	TPT-Transportation	100	20.90	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Garoy Davis



T223



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1039

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KA 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603824

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/22/2013 Vehicle# 142 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1038
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	67920 lb
In	02/22/2013 11:33:17	PC301 Scale 1	kimbo3		Tare	26980 lb
Out	02/22/2013 12:00:48	PC301 Scale 2	DW		Net	40940 lb
					Tons	20.47

Comments

Product	LD%	Qty	UJM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.47	Tons				VA
2 TPT-Transportation	100	20.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1038

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable/Both/Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: THOMPSON TRUCKING
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 254P
e) Trailer or Container No.: 142
f) Name of Driver: KEITH WATTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603826

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	460	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1044	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 11:37:53	PC301 Scale 1	kimbo3			68420 lb
Out	02/22/2013 12:03:04	PC301 Scale 2	DW			28120 lb
					Net	40300 lb
					Tons	20.15

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.15	Tons				VA
2 TPT-Transportation	100	20.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

T. Kimbo





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603831

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1004	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74240 lb
In	02/22/2013 12:04:57	PC301 Scale 1 DW			Tare	34480 lb
Out	02/22/2013 12:24:05	PC301 Scale 2 DW			Net	39760 lb
					Tons	19.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.88	Tons				VA
2 TPT-Transportation	100	19.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403W10





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603832

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1053			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59420 lb
In	02/22/2013 12:06:32	PC301 Scale 1	DW		Tare	27440 lb
Out	02/22/2013 12:36:00	PC302 Scale2	kimbo3		Net	31980 lb
					Tons	15.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.99	Tons				VA
2 TPT-Transportation	100	15.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature





NON-HAZARDOUS WASTE MANIFEST

41509 Kowers

Manifest No. 1053

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: T R
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George E Powers III
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603830

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1160			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 12:02:39	PC301 Scale 1	DW		Tare	76300 lb
Out	02/22/2013 12:37:30	PC302 Scale2	kimbo3		Net	28740 lb
					Tons	47560 lb
						23.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.78	Tons			VA
2	TPT-Transportation	100	23.78	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603842

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1035			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59600 lb
In	02/22/2013 12:30:02	PC301 Scale 1	DW		Tare	27440 lb
Out	02/22/2013 12:47:17	PC302 Scale2	kimbo3		Net	32160 lb
					Tons	16.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.08	Tons				VA
2 TPT-Transportation	100	16.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

60313

Manifest No. 1035

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: T R

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603836

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/22/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1064			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81680 lb
In	02/22/2013 12:16:13	PC301 Scale 1	DW		Tare	30680 lb
Out	02/22/2013 12:54:52	PC302 Scale2	kimbo3		Net	51000 lb
					Tons	25.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.50	Tons				VA
2 TPT-Transportation	100	25.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 5000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Principal # 603839

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier CAREY
 Ticket Date 02/22/2013 Vehicle# 19 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1155
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72160 1b
In	02/22/2013 12:20:46	PC301 Scale 1	DW		Tare	30920 1b
Out	02/22/2013 12:56:40	PC302 Scale2	kimbo3		Net	41240 1b
					Tons	20.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.62	Tons				VA
2 TPT-Transportation	100	20.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603840

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/22/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1075	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 12:27:54	PC301 Scale 1	DW		Tare	80380 lb 31420 lb
Out	02/22/2013 13:01:35	PC302 Scale2	kimbo3		Net	48960 lb
					Tons	24.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.48	Tons				VA
2 TPT-Transportation	100	24.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603845

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	02/22/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1164			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73720 lb
In	02/22/2013 12:40:41	PC301 Scale 1	kimbo3		Tare	32740 lb
Out	02/22/2013 13:06:11	PC302 Scale2	kimbo3		Net	40980 lb
					Tons	20.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.49	Tons			VA
2	TPT-Transportation	100	20.49	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403W/M




2014



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1164

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable, Non-Friable: N/A % non-Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address: 3460 Charles City Rd Richmond
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Henry Freeman
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt 2-22-13

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Reprint
 Ticket# 603851

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	460	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1045	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	50260 lb
In	02/22/2013 13:08:50	PC301 Scale 1	kimbo3		Tare	28160 lb
Out	02/22/2013 13:32:58	PC302 Scale2	kimbo3		Net	40100 lb
					Tons	20.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.05	Tons				VA
2 TPT-Transportation	100	20.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

[Handwritten Signature]

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603849

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1150	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 13:04:25	PC301 Scale 1	kimbo3		68020 lb	
Out	02/22/2013 13:35:58	PC302 Scale2	kimbo3		26420 lb	
					Net	41600 lb
					Tons	20.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.80	Tons			VA
2	TPT-Transportation	100	20.80	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature JR. Harvey





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603847

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1149			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 13:01:00	PC301 Scale 1	kimbo3		68220 lb	Tare
Out	02/22/2013 13:39:19	PC302 Scale2	kimbo3		26760 lb	Net
					41460 lb	Tons
					20.73	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.73	Tons			VA
2	TPT-Transportation	100	20.73	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1149

1142

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
- c) Generator's Representative: Bryan Peed
- d) Telephone Number: (757) 341-0480
- e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--
- f) Common Name of Waste: Dredge Sediment
- g) Description of Waste: Same as Above
- h) Disposal Volume: One (1)
Tons Cubic Yards Other Load
- i) Number of Containers: _____
- j) Generating Location (Name): Same
- k) Address: Same
- l) Telephone Number: () Same
- m) Asbestos ONLY - Friable Both _____ % Friable
 Non-Friable N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: THOMPSON TRUCKING
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: 76-254P
- e) Trailer or Container No.: 142
- f) Name of Driver: KEITH WATTS
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Keith Watts 2-22-13
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Keith Watts 2-22-13
Signature of Driver Date of Receipt

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

- a) Disposal Facility's Name: Charles City Landfill
- b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
- c) Telephone Number: (804) 966-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-22-13
- f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
- a) Operator's Name: _____
 - b) Operator's Address: _____
 - c) Telephone Number: () _____
 - d) Recommended special handling instructions and additional information: _____
 - e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603852

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1062	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68460 lb
In	02/22/2013 13:10:50	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	02/22/2013 13:40:52	PC302 Scale2	kimbo3		Net	41240 lb
					Tons	20.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.62	Tons				VA
2 TPT-Transportation	100	20.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1062

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Frangible, Both, Non-Frangible, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Lewy Davis Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt: 2-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HOC 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination: (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603853

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1005	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75680 lb
In	02/22/2013 13:15:56	PC301 Scale 1	kimbo3		Tare	34500 lb
Out	02/22/2013 13:42:25	PC302 Scale 2	kimbo3		Net	41180 lb
					Tons	20.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.59	Tons			VA
2	TPT-Transportation	100	20.59	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1005

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603858

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1167	Grid	P4C3	
Destination				
PO	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

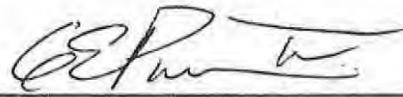
	Time	Scale	Operator	Inbound	Gross	58360 1b
In	02/22/2013 13:37:25	PC301 Scale 1	kimbo3		Tare	26980 1b
Out	02/22/2013 14:15:57	PC302 Scale2	kimbo3		Net	31380 1b
					Tons	15.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.69	Tons			VA
2	TPT-Transportation	100	15.69	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603859

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1030	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 13:37:57	PC301 Scale 1	kimbo3		Tare	57840 lb
Out	02/22/2013 14:18:00	PC302 Scale2	kimbo3		Net	25840 lb
					Tons	32000 lb
						16.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.00	Tons				VA
2 TPT-Transportation	100	16.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1030

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

i) Number of Containers:

n) Type of Containers: T R

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: HA107804 VA
e) Trailer or Container No.: 60343
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603860

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1161	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 13:38:52	PC301 Scale 1	kimbo3			71700 lb
Out	02/22/2013 14:20:33	PC302 Scale 2	kimbo3		Tare	28920 lb
					Net	42780 lb
					Tons	21.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.39	Tons			VA
2	TPT-Transportation	100	21.39	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1161

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1) Tons. Type of Containers: TR.

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 107536, Trailer No. 1188, Driver Burtij, Date of Receipt 2-22-13.

Transfer Facility: Name, Address, Telephone, Vehicle License No., Trailer No., Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: Name, Address, Telephone, Vehicle License No., Trailer No., Driver, Date of Receipt.

Destination: Name Charles City Landfill, Physical Address 8000 Chambers Rd, Charles City, VA 23030, Telephone (804) 966-7210, Mailing Address Same as Above, Authorized Agent, Date of Receipt 2-22-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603867

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/22/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1166			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71880 lb
In	02/22/2013 13:59:16	PC301 Scale 1	kimbo3		Tare	32860 lb
Out	02/22/2013 14:24:56	PC302 Scale2	kimbo3		Net	39020 lb
					Tons	19.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.51	Tons				VA
2 TPT-Transportation	100	19.51	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



8274



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1166

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address: 3460 Charles City Rd Richmond
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kathy Greene
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 02-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 2-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 2.22.13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603868

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1076	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 14:01:01	PC301 Scale 1	kimbo3			81440 lb
Out	02/22/2013 14:29:08	PC302 Scale2	kimbo3		Tare	31320 lb
					Net	50120 lb
					Tons	25.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.06	Tons			VA
2	TPT-Transportation	100	25.06	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1076

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable: Both: % Friable

g) Description of Waste: Same as Above

Non-Friable: N/A % non-Friable

h) Disposal Volume: One (1)

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Tons Cubic Yards X Other Load

i) Number of Containers:

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: D.W. CARY

b) Transporter's Address: ASHLAND, VA

c) Telephone Number: () 798-4777

d) Vehicle License No./State: 24-162

e) Trailer or Container No.:

f) Name of Driver: R. ROBERTS

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) JOC 2-22-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603869

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1066	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78160 lb
In	02/22/2013 14:02:17	PC301 Scale 1	kimbo3		Tare	31300 lb
Out	02/22/2013 14:33:55	PC302 Scale2	kimbo3		Net	46860 lb
					Tons	23.43

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.43	Tons			VA
2	TPT-Transportation	100	23.43	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

6



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1066

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D.W. Company
b) Transporter's Address: 4520 Fairfax Road
c) Telephone Number: (804) 794-4777
d) Vehicle License No./State: 3C-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Mollay
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603872

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/22/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1156	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 14:09:37	PC301 Scale 1	kimbo3		76980	1b
Out	02/22/2013 14:52:57	PC302 Scale2	kimbo3		31500	1b
					Net	45480 1b
					Tons	22.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-	100	22.74	Tons				VA
2 TPT-Transportation	100	22.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

4021463

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603841

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/22/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1057	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80460 lb
In	02/22/2013 12:29:04	PC301 Scale 1	DW		Tare	31000 lb
Out	02/22/2013 14:54:40	PC302 Scale2	kimbo3		Net	49460 lb
					Tons	24.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.73	Tons				VA
2 TPT-Transportation	100	24.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1057

29

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Non-Friable: N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: CHRY
b) Transporter's Address: Ash Rd
c) Telephone Number: (541) 298-4777
d) Vehicle License No./State: 35-335
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: K Anderson Date of Receipt: 2/22/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 2/22/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
Signature of Driver Date of Receipt: 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original # 603883

Customer Name	MCLEAN CONTRACTING CO	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1151			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65760 lb
In	02/22/2013 14:39:36	PC301 Scale 1	kimbo3		Tare	26820 lb
Out	02/22/2013 15:13:29	PC302 Scale 2	kimbo3		Net	38940 lb
					Tons	19.47

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.47	Tons				VA
2 TPT-Transportation	100	19.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

JR Harvey



NON-HAZARDOUS WASTE MANIFEST

1151

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

WASTE MANAGEMENT APPROVAL CODE: 101 400VA

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: () 76-1000
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: James Harvey Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: James Harvey Date of Receipt: 2-22-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 2-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: James Harvey Date of Receipt: 2-22-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603885

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	460	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1046			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 14:40:53	PC301 Scale 1	kimbo3			58340 lb
Out	02/22/2013 15:15:19	PC302 Scale2	kimbo3		Tare	28420 lb
					Net	29920 lb
					Tons	14.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.96	Tons				VA
2 TPT-Transportation	100	14.96	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603886

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1040	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 14:41:38	PC301 Scale 1	kimbo3		Tare	47240 lb 27680 lb
Out	02/22/2013 15:18:13	PC302 Scale2	kimbo3		Net	19560 lb
					Tons	9.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc	100	9.78	Tons				VA
2 TPT-Transportation	100	9.78	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Teroy Davis



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1040

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603884

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/22/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1146			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/22/2013 14:40:13	PC301 Scale 1	kimbo3		Tare	71400 lb
Out	02/22/2013 15:20:02	PC302 Scale2	kimbo3		Net	27300 lb
					Tons	44100 lb
						22.05

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.05 Tons				VA
2	TPT-Transportation	100	22.05 Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature *Keith Watts*



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1142 1146

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 116-254P
e) Trailer or Container No.: 142
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Keith Watts Date of Receipt: 2-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Keith Watts Date of Receipt: 2-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603910

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/25/2013 Vehicle# 60343 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1137
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	53080 lb
In	02/25/2013 07:30:17	PC301 Scale 1	kimbo3		Tare	25660 lb
Out	02/25/2013 07:44:44	PC302 Scale2	kimbo3		Net	27420 lb
					Tons	13.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.71	Tons				VA
2 TPT-Transportation	100	13.71	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603913

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1090			
Destination		Grid	P4C3	
RD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 07:34:18	PC301 Scale 1	kimbo3			71840 lb
Out	02/25/2013 07:57:13	PC302 Scale2	kimbo3			26380 lb
					Net	45460 lb
					Tons	22.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.73	Tons			VA
2	TPT-Transportation	100	22.73	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1090

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Telephone Number: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Vehicle License No./State: 116-222. Trailer or Container No.: 3192. Name of Driver: Jason Mann. Date of Receipt: 2-25-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 986-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): NDC. Date of Receipt: 2-25-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, Recommended special handling instructions and additional information, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 503914

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/25/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1021			
Destination		Grid	F4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65120 lb
In	02/25/2013 07:34:52	PC301 Scale 1	kimbo3		Tare	26260 lb
Out	02/25/2013 07:59:20	PC302 Scale 2	kimbo3		Net	38860 lb
					Tons	19.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.43	Tons				VA
2 TPT-Transportation	100	19.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603920

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1058	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 07:54:23	PC301 Scale 1	kimbo3		79000	lb
Out	02/25/2013 09:26:45	PC302 Scale2	kimbo3		31380	lb
					Net	47620 lb
					Tons	23.81

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.81	Tons				VA
2 TPT-Transportation	100	23.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C 29



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1058

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DWCA
b) Transporter's Address: ASHland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K. Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603921

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1068	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

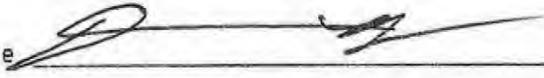
	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 07:58:54	PC301 Scale 1	kimbo3		80660 lb	
Out	02/25/2013 08:28:48	PC302 Scale2	kimbo3		Tare 30640 lb	
					Net 50020 lb	
					Tons 25.01	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.01	Tons				VA
2 TPT-Transportation	100	25.01	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1068

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone Number: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1). Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: D.W. Corp Hauling. Address: 11520 Foxcross Rd. Telephone Number: (404) 298-4777. Vehicle License No./State: 35-334. Name of Driver: D.L. Malins. Date of Receipt: 2/25/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KDC. Date of Receipt: 2-25-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603926

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1160	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65840 lb
In	02/25/2013 08:15:19	PC301 Scale 1	kimbo3		Tare	28000 lb
Out	02/25/2013 08:31:58	PC302 Scale2	kimbo3		Net	37840 lb
					Tons	18.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.92	Tons				VA
2 TPT-Transportation	100	18.92	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W/M Driver's Signature

6

TOWERS 1168



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1168

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George E. Powers III
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603923

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1157			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 08:04:06	PC301 Scale 1	kimbo3		Tare	81360 lb 31420 lb
Out	02/25/2013 08:33:54	PC302 Scale 2	kimbo3		Net	49940 lb
					Tons	24.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.97	Tons			VA
2	TPT-Transportation	100	24.97	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603928

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1111	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75420 lb
In	02/25/2013 08:17:50	PC301 Scale 1	kimbo3		Tare	26580 lb
Out	02/25/2013 08:39:54	PC302 Scale2	kimbo3		Net	48840 lb
					Tons	24.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.42	Tons			VA
2	TPT-Transportation	100	24.42	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603925

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1072	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

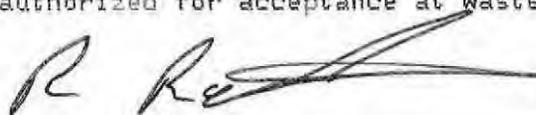
	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 08:12:39	PC301 Scale 1	kimbo3		72420	lb
Out	02/25/2013 08:45:38	PC302 Scale2	kimbo3		31640	lb
					Net	40780 lb
					Tons	20.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.39	Tons				VA
2 TPT-Transportation	100	20.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1072

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: D.W. CARL. Address: Ashland, VA. Telephone Number: 798-4777. Vehicle License No./State: 24-162. Name of Driver: R. ROBERTS. Date of Receipt: 25-FEB-2013.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-25-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, Recommended special handling instructions and additional information, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603931

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1153	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65140 lb
In	02/25/2013 08:28:07	PC301 Scale 1	kimbo3		Tare	26400 lb
Out	02/25/2013 08:51:15	PC302 Scale2	kimbo3		Net	38740 lb
					Tons	19.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.37	Tons				VA
2 TPT-Transportation	100	19.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603932

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1042			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 08:30:08	PC301 Scale 1	kimbo3		73520	lb
Out	02/25/2013 08:52:59	PC302 Scale2	kimbo3		27180	lb
					Net	46340 lb
					Tons	23.17

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.17	Tons				VA
2 TPT-Transportation	100	23.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

Jeremy D. Jones



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603934

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1138			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	55260 lb
In	02/25/2013 09:33:20	PC301 Scale 1	kimbo3		Tare	25620 lb
Out	02/25/2013 09:54:57	PC302 Scale2	kimbo3		Net	29640 lb
					Tons	14.82

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.82	Tons				VA
2 TPT-Transportation	100	14.82	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

DW

Manifest No. 1138

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	4	0	0	V	A

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: H0163807 VA

e) Trailer or Container No.: 60393

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver DW Date of Receipt 2-25-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) HCC 2-25-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603915

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/25/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no paperwork <i>11218</i>			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69560 lb
In	02/25/2013 07:35:58	PC301 Scale ¹	kimbo3		Tare	32740 lb
Out	02/25/2013 08:02:39	PC302 Scale ²	kimbo3		Net	36820 lb
					Tons	18.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.41 Tons				VA
2	TPT-Transportation	100	18.41 Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. Jeffers



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603933

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1237			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68540 lb
In	02/25/2013 08:31:22	PC301 Scale 1	kimbo3		Tare	28280 lb
Out	02/25/2013 09:00:04	PC302 Scale2	kimbo3		Net	40260 lb
					Tons	20.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.13	Tons			VA
2	TPT-Transportation	100	20.13	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603944

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1091	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 08:52:33	PC301 Scale 1	kimbo3		Tare	70240 lb
Out	02/25/2013 09:10:18	PC302 Scale2	kimbo3		Net	27300 lb
					Tons	42940 lb
						21.47

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.47	Tons			VA
2	TPT-Transportation	100	21.47	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Don Mason



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1091

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--	--	--

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 110-222

e) Trailer or Container No.: 3192

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Mann 3-25-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 986-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-25-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603945

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1022			
Destination		Grid	F4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75560 lb
In	02/25/2013 08:54:16	PC301 Scale 1	kimbo3		Tare	26540 lb
Out	02/25/2013 09:11:42	PC302 Scale2	kimbo3		Net	49020 lb
					Tons	24.5

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.51	Tons				VA
2 TPT-Transportation	100	24.51	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1022

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101 400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 191
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt: 2-25-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): APC 2-25-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603946

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/25/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1219			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70500 lb
In	02/25/2013 08:56:26	PC301 Scale 1	kimbo3		Tare	31800 lb
Out	02/25/2013 09:17:38	PC302 Scale2	kimbo3		Net	38700 lb
					Tons	19.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.35	Tons				VA
2 TPT-Transportation	100	19.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603948

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1142			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70860 lb
In	02/25/2013 09:23:35	PC301 Scale 1	kimbo3		Tare	31680 lb
Out	02/25/2013 09:58:46	PC302 Scale2	kimbo3		Net	47100 lb
					Tons	23.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.59	Tons				VA
2 TPT-Transportation	100	23.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403WM Driver's Signature

K. Anderson

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603951

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1169	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56280 lb
In	02/25/2013 03:31:23	PC301 Scale 1	kimbo3		Tare	28560 lb
Out	02/25/2013 10:00:35	PC302 Scale2	kimbo3		Net	27720 lb
					Tons	13.86

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	13.86	Tons			VA
2	TPT-Transportation	100	13.86	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

AGC



NON-HAZARDOUS WASTE MANIFEST

Powers

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1169

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 32115. Trailer or Container No.: 41509. Name of Driver: George E Powers III. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] 2-25-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Signature] 2-25-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] [Date]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Signature] [Date].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] [Date]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Signature] [Date].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-25-13. The material delivered by the Transporter has been received at the Disposal Facility. [Signature] [Date]. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. [Signature] [Date].

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: [blank] c) Telephone Number: [blank] b) Operator's Address: [blank] d) Recommended special handling instructions and additional information: [blank] e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Reprint
 Ticket# 603961

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1139	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	54460 lb
In	02/25/2013 09:53:55	PC301 Scale 1	kimbo3		Tare	25800 lb
Out	02/25/2013 10:09:24	PC302 Scale2	kimbo3		Net	28660 lb
					Tons	14.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.33	Tons				VA
2 TPT-Transportation	100	14.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

ANSW: Operator's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1139

DW

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name, Signature, and Shipment Date fields.

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (complete if applicable)

Transporter 1: Thompson. Transfer Facility: Charles City Landfill. Includes signatures and dates for both transporter and transfer facility.

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

Disposal Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Includes signature and date for destination.

SECTION 6

ASBESTOS (operator to complete)

Operator's Name, Address, and Telephone Number fields. Includes certification statement for asbestos handling.

Operator's Name (print/type), Signature of Operator's Authorized Agent, and Date fields.

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603956

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/25/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1112			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 09:41:46	PC301 Scale 1	kimbo3		Tare	65060 lb 26580 lb
Out	02/25/2013 10:12:17	PC302 Scale2	kimbo3		Net	38480 lb
					Tons	19.24

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.24	Tons				VA
2 TPT-Transportation	100	19.24	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603957

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1205			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81940 lb
In	02/25/2013 09:42:23	PC301 Scale 1	kimbo3		Tare	33600 lb
Out	02/25/2013 10:13:58	PC302 Scale2	kimbo3		Net	48340 lb
					Tons	24.17

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.17	Tons			VA
2	TPT-Transportation	100	24.17	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1205

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name: Thompson. Address: 13119. Telephone: 40401. Vehicle License No./State: 13119. Trailer or Container No.: 40401. Name of Driver: Kevin Schwab. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 2-25-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 2-25-13.

Transfer Facility: Name: Charles City Landfill. Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-25-13. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 2-25-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 2-25-13.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: Name: Address: Telephone: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

Destination: Name: Charles City Landfill. Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-25-13. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: Address: Telephone Number: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603959

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1041	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 09:51:41	PC301 Scale 1	kimbo3		Tare	65500 lb 27260 lb
Out	02/25/2013 10:15:51	PC302 Scale2	kimbo3		Net	38240 lb
					Tons	19.12

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.12 Tons				VA
2	TPT-Transportation	100	19.12 Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Serou Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603950

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1069			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 09:25:53	PC301 Scale 1	kimbo3		Tare	84920 lb
Out	02/25/2013 10:17:52	PC302 Scale2	kimbo3		Net	30700 lb
					Tons	54220 lb
						27.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.11	Tons				VA
2 TPT-Transportation	100	27.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C 2 X



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1069

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Dwyer Corp
b) Transporter's Address: 11520 Fox Cross Rd
c) Telephone Number: (804) 298-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D Miller
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JRC 2-25-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603953

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1247			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	84440 lb
In	02/25/2013 09:33:19	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	02/25/2013 10:19:43	PC302 Scale2	kimbo3		Net	52880 lb
					Tons	26.44

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.44	Tons				VA
2 IPT-Transportation	100	26.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603963

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1077			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79220 lb
In	02/25/2013 09:57:17	PC301 Scale 1	kimbo3		Tare	31740 lb
Out	02/25/2013 10:24:46	PC302 Scale2	kimbo3		Net	47480 lb
					Tons	23.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.74	Tons				VA
2 TPT-Transportation	100	23.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403WV Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603968

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1092			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68380 lb
In	02/25/2013 10:13:29	PC301 Scale 1	kimbo3		Tare	27060 lb
Out	02/25/2013 10:30:47	PC302 Scale2	kimbo3		Net	41320 lb
					Tons	20.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.66	Tons				VA
2 TPT-Transportation	100	20.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

Jason M. Muis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603966

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1152			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73500 lb
In	02/25/2013 10:05:58	PC301 Scale 1	kimbo3		Tare	26840 lb
Out	02/25/2013 10:33:23	PC302 Scale2	kimbo3		Net	46660 lb
					Tons	23.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.33	Tons				VA
2 TPT-Transportation	100	23.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603969

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/25/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1023			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 10:15:09	PC301 Scale 1	kimbo3		Tare	76100 lb 26920 lb
Out	02/25/2013 10:34:41	PC302 Scale2	kimbo3		Net	49180 lb
					Tons	24.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.59	Tons				VA
2 TPT-Transportation	100	24.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

4474W Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603965

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1238			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78600 lb
In	02/25/2013 10:02:55	PC301 Scale 1	kimbo3		Tare	28500 lb
Out	02/25/2013 10:36:02	PC302 Scale2	kimbo3		Net	50180 lb
					Tons	25.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.09	Tons				VA
2 TPT-Transportation	100	25.09	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603971

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/25/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1220			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 10:19:16	PC301 Scale 1	kimbo3		Tare	62420 lb 32180 lb
Out	02/25/2013 10:38:39	PC302 Scale2	kimbo3		Net	30240 lb
					Tons	15.12

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.12 Tons				VA
2	TPT-Transportation	100	15.12 Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

AL Fields



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603981

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1170	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 10:55:14	PC301 Scale 1	kimbo3			59620 lb
Out	02/25/2013 11:14:17	PC302 Scale2	kimbo3			28240 lb
					Net	31380 lb
					Tons	15.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.69	Tons			VA
2	TPT-Transportation	100	15.69	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603982

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1140	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56280 lb
In	02/25/2013 10:57:26	PC301 Scale 1	kimbo3		Tare	25740 lb
Out	02/25/2013 11:15:36	PC302 Scale2	kimbo3		Net	30540 lb
					Tons	15.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.27	Tons				VA
2 TPT-Transportation	100	15.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603987

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1113			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57880 lb
In	02/25/2013 11:16:50	PC301 Scale 1	kimbo3		Tare	27080 lb
Out	02/25/2013 11:49:54	PC302 Scale2	DW		Net	40800 lb
					Tons	20.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.40	Tons				VA
2 TPT-Transportation	100	20.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403WMM Driver's Signature



1089



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1113

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 1K-221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 2-25-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603988

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1203			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73160 lb
In	02/25/2013 11:17:24	PC301 Scale 1	kimbo3		Tare	34360 lb
Out	02/25/2013 11:51:07	PC302 Scale2	DW		Net	38800 lb
					Tons	19.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.40	Tons			VA
2	TPT-Transportation	100	19.40	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

LD 40401



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1203

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Tons
Number of Containers: 1
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 1319
Trailer or Container No.: 40401
Name of Driver: Kevin Sisson
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 2-25-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 2-25-13

SECTION 3

TRANSFER FACILITY (complete if applicable)

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4

TRANSPORTER 2 (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5

DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-28-13
The material delivered by the Transporter has been received at the Disposal Facility.
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603990

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/25/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1225			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:24:30	PC301 Scale 1	kimbo3			66540 lb
Out	02/25/2013 11:52:18	PC302 Scale2	DW		Tare	26620 lb
					Net	39920 lb
					Tons	19.96

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	Tons				VA
2	TPT-Transportation	100	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1225

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, X Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Henry Davis Date of Receipt: 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Henry Davis Date of Receipt: 2-25-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 225-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603991

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1070			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

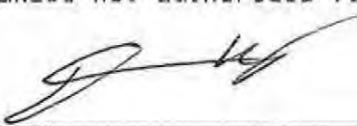
	Time	Scale	Operator	Inbound	Gross	68840 lb
In	02/25/2013 11:25:09	PC301 Scale 1	kimbo3		Tare	30840 lb
Out	02/25/2013 12:05:39	PC301 Scale 2	DW		Net	38000 lb
					Tons	19.00

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.00	Tons				VA
2 TPT-Transportation	100	19.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603997

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1196	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:44:40	PC301 Scale 1	kimbo3			80960 lb
Out	02/25/2013 12:07:55	PC301 Scale 2	DW		Tare	31880 lb
					Net	49080 lb
					Tons	24.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.54	Tons				VA
2 TPT-Transportation	100	24.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1196

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: D.W. CARLY. Address: ASHLAND VA. Telephone: (798) 4777. Vehicle License No./State: 24-162. Trailer or Container No.: 1. Name of Driver: R. ROBERTS. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 25 FEB 2013. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) JOC 2-25-13. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: Operator's Address: Telephone Number: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603392

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/25/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1248			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

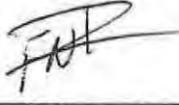
	Time	Scale	Operator	Inbound	Gross	70200 lb
In	02/25/2013 11:32:14	PC301 Scale 1	kimbo3		Tare	31180 lb
Out	02/25/2013 12:11:27	PC301 Scale 2	DW		Net	39020 lb
					Tons	19.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.51	Tons				VA
2 TPT-Transportation	100	19.51	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 

403WM

6



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1248

C19

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

Transporter's Name: D.W. Cary
Transporter's Address:
Telephone Number: (804) 798-4777
Vehicle License No./State: 24-161
Trailer or Container No.: 19
Name of Driver: Nelson
Signature of Driver: [Signature] Date of Receipt: 2-25-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
Signature of Driver: Date of Receipt:

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-25-13
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

Operator's Name:
Operator's Address:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604000

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/25/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1222			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:49:24	PC301 Scale 1	DW		Tare	65400 lb 31960 lb
Out	02/25/2013 12:14:26	PC301 Scale 2	DW		Net	33440 lb
					Tons	16.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.72	Tons			VA
2	TRT-Transportation	100	16.72	Tons			

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603998

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1093			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:45:12	PC301 Scale 1	kimbo3		Tare	68380 lb 27120 lb
Out	02/25/2013 12:23:41	PC301 Scale 2	DW		Net	41260 lb
					Tons	20.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.63	Tons				VA
2 TPT-Transportation	100	20.63	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

T192



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1093

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 116-222
e) Trailer or Container No.: 3197
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Jason Morris Date of Receipt: 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 2-25-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

I) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603999

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1024	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

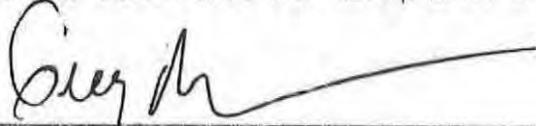
	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:45:46	PC301 Scale 1	kimbo3		64860 lb	
Out	02/25/2013 12:25:16	PC301 Scale 2	DW		27100 lb	
					Net	37760 lb
					Tons	18.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.88	Tons				VA
2 TPT-Transportation	100	18.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1024

1141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Greg Mann Date of Receipt 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) HOC 2-25-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 603994

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1236			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 11:40:14	PC301 Scale 1	kimbo3			67140 lb
Out	02/25/2013 12:27:03	PC302 Scale2	DW			26380 lb
					Net	40760 lb
					Tons	20.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.38	Tons				VA
2 TPT-Transportation	100	20.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604003

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1239			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	58340 lb
In	02/25/2013 12:03:34	PC301 Scale 1	DW		Tare	28460 lb
Out	02/25/2013 12:52:03	PC302 Scale2	kimbo3		Net	29880 lb
					Tons	14.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.94	Tons				VA
2 TPT-Transportation	100	14.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

41509 1265 Manifest No.

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George C. Penning III
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604012

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1171			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 12:33:23	PC301 Scale 1	kimbo3		55960	lb
Out	02/25/2013 12:55:59	PC302 Scale 2	kimbo3		25880	lb
					Net	30080 lb
					Tons	15.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.04	Tons				VA
2 TPT-Transportation	100	15.04	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604004

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/25/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1141	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	51800 lb
In	02/25/2013 12:04:23	PC301 Scale 1	DW		Tare	31060 lb
Out	02/25/2013 13:03:13	PC302 Scale2	kimbo3		Net	20740 lb
					Tons	10.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.37	Tons				VA
2 TPT-Transportation	100	10.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604016

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1226			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63660 lb
In	02/25/2013 12:53:19	PC301 Scale 1	kimbo3		Tare	27780 lb
Out	02/25/2013 13:21:40	PC302 Scale2	kimbo3		Net	35880 lb
					Tons	17.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.94	Tons			VA
2	TPT-Transportation	100	17.94	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403W Driver's Signature

Jeroy Davis

1205



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1226

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Leroy Davis 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Leroy Davis 2-25-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 800 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 800 Chamber's Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Principal 604019
 Ticket# 604019

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/25/2013 Vehicle# 40401 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1204
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	59100 lb
In	02/25/2013 13:02:03	PC301 Scale 1	kimbo3		Tare	34960 lb
Out	02/25/2013 13:27:58	PC302 Scale 2	kimbo3		Net	24140 lb
					Tons	12.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.07	Tons				VA
2 TPT-Transportation	100	12.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

LD 40401
Manifest No. 1204

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE 101 400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 13119

e) Trailer or Container No.: 40401

f) Name of Driver: Kevin Dilworth

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver [Signature] Date of Receipt 2-25-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver [Signature] Date of Receipt 2-25-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) KOC 2-25-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604020

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/25/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1114			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/25/2013 13:02:36	PC301 Scale 1	kimbo3		44680	lb
Out	02/25/2013 13:29:16	PC302 Scale2	kimbo3		27380	lb
					Net	17300 lb
					Tons	8.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	8.65	Tons			VA
2	TPT-Transportation	100	8.65	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 504068

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1172			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	49400 lb
In	02/26/2013 07:30:36	PC301 Scale 1	kimbo3		Tare	26480 lb
Out	02/26/2013 07:45:54	PC302 Scale2	kimbo3		Net	22920 lb
					Tons	11.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.46	Tons				VA
2 TPT-Transportation	100	11.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604069

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1094			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 07:31:13	PC301 Scale 1	kimbo3		Tare	63680 lb
Out	02/26/2013 07:54:22	PC302 Scale2	kimbo3		Net	26880 lb
					Tons	36800 lb
						18.40

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.40	Tons				VA
2 TPT-Transportation	100	18.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Mauris



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604070

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1025			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 07:31:43	PC301 Scale 1	kimbo3		Tare	63740 lb
Out	02/26/2013 07:56:06	PC302 Scale2	kimbo3		Net	27220 lb
					Tons	36520 lb
						18.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.26	Tons			VA
2	TPT-Transportation	100	18.26	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604071

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1235			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63980 lb
In	02/26/2013 07:32:23	PC301 Scale 1	kimbo3		Tare	27000 lb
Out	02/26/2013 07:57:25	PC302 Scale2	kimbo3		Net	36900 lb
					Tons	18.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.45	Tons			VA
2	TPT-Transportation	100	18.45	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Drawer's Signature JR Harvey



1199



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1235

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1). Type of Containers: T R.

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 16-188P, Trailer No. 199, Name of Driver JAMES HARVEY. Signature of Driver James Harvey, Date of Receipt 2-26-13.

Transfer Facility: Name, Address, Telephone, Vehicle License No., Trailer No., Name of Driver. Signature of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter 2: Name, Address, Telephone, Vehicle License No., Trailer No., Name of Driver. Signature of Driver, Date of Receipt.

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility: Name Charles City Landfill, Physical Address 8000 Chambers Rd, Charles City, VA 23030, Telephone (804) 966-7210, Mailing Address Same as Above, Name of Disposal Facility's Authorized Agent JHC, Signature of Driver James Harvey, Date of Receipt 2-26-13.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name, Address, Telephone Number, Recommended special handling instructions, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604072

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1230			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 07:33:00	PC301 Scale 1	kimbo3		66400	lb
Out	02/26/2013 07:59:48	PC302 Scale2	kimbo3		27980	lb
					Net	38420 lb
					Tons	19.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.21	Tons				VA
2 TPT-Transportation	100	19.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geroy Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604073

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1115			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 07:33:31	PC301 Scale 1	kimbo3			68160 lb
Out	02/26/2013 08:01:46	PC302 Scale2	kimbo3			29540 lb
					Net	38620 lb
					Tons	19.31

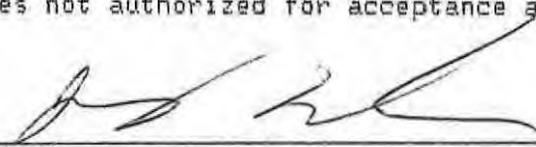
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.31	Tons				VA
2 TPT-Transportation	100	19.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



403WM



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE 101 400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 Tons Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-227P

e) Trailer or Container No.: 3089

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt 2-26

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt 2-26

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) DC 2-26-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1020

HC 279

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: A + UMS. Address: . Telephone: () 547-2560. Vehicle License No./State: 39-075. Trailer or Container No.: 279. Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt 2-26-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt 2-26-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Transfer Facility's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: . Transporter's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KROC 2-26-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: . b) Operator's Address: . c) Telephone Number: () . d) Recommended special handling instructions and additional information: . e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: .



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604075

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/26/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1019			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75620 lb
In	02/26/2013 07:34:49	PC301 Scale 1	kimbo3		Tare	34720 lb
Out	02/26/2013 08:06:25	PC302 Scale2	kimbo3		Net	40900 lb
					Tons	20.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.45	Tons				VA
2 TPT-Transportation	100	20.45	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM

4210 281



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 101

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECD
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:

POWERS



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1266

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 32115. Trailer or Container No.: 41509. Name of Driver: George S Powers. Date of Receipt: 2-26-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-26-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604081

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1201			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 07:55:40	PC301 Scale 1	kimbo3		Tare	83880 lb 34120 lb
Out	02/26/2013 08:17:17	PC302 Scale 2	kimbo3		Net	49760 lb
					Tons	24.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.88	Tons				VA
2 TPT-Transportation	100	24.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604080

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1147			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65780 lb
In	02/26/2013 07:53:55	PC301 Scale 1	kimbo3		Tare	26620 lb
Out	02/26/2013 08:20:23	PC302 Scale2	kimbo3		Net	39160 lb
					Tons	19.58

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.58	Tons			VA
2	TPT-Transportation	100	19.58	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts

403WV





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604083

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/26/2013 Vehicle# 1188 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1245
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	68640 lb
In	02/26/2013 08:01:18	PC301 Scale 1	kimbo3		Tare	29540 lb
Out	02/26/2013 08:22:47	PC302 Scale2	kimbo3		Net	39100 lb
					Tons	19.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.55	Tons				VA
2 TPT-Transportation	100	19.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

4021W66

CD 1188



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1245

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Tons. Type of Containers: TR.

Generator's Authorized Agent Name, Signature of Generator's Authorized Agent, Shipment Date

SECTION 2 TRANSPORTER 1

SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No. 6894, Trailer or Container No. 1158, Name of Driver: DON CARROLL. Signature of Driver, Date of Receipt: 2-26-13.

Transfer Facility's Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 (complete if applicable)

SECTION 5 DESTINATION (Disposal Facility)

Transporter's Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: HOC. Signature of Driver, Date of Receipt: 2-26-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type), Signature of Operator's Authorized Agent, Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604089

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	60343	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1206			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56120 lb
In	02/26/2013 08:32:26	PC301 Scale 1	kimbo3		Tare	27080 lb
Out	02/26/2013 08:48:45	PC302 Scale2	kimbo3		Net	29040 lb
					Tons	14.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.52	Tons				VA
2 TPT-Transportation	100	14.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

DW



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1206

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: HA163803VA
e) Trailer or Container No.: 60343
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604092

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1095			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 08:49:53	PC301 Scale 1	kimbo3		Tare	66980 lb 27660 lb
Out	02/26/2013 09:02:54	PC302 Scale2	kimbo3		Net	39320 lb
					Tons	19.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.66	Tons			VA
2	TPT-Transportation	100	19.66	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Jason Mann*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1095

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 3197
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Jason Mann Date of Receipt: 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 226-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604093

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/26/2013 Vehicle# 141 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1026
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	67040 lb
In 02/26/2013 08:50:23	PC301 Scale 1	kimbo3		Tare	27600 lb
Out 02/26/2013 09:09:11	PC302 Scale2	kimbo3		Net	39440 lb
				Tons	19.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.72	Tons				VA
2 TPT-Transportation	100	19.72	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

river's Signature





Charles City County Landfill
 3000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604095

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1234			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 08:52:06	PC301 Scale 1	kimbo3		Tare	66780 lb 27240 lb
Out	02/26/2013 09:11:47	PC302 Scale2	kimbo3		Net	39540 lb
					Tons	19.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.77	Tons				VA
2 TPT-Transportation	100	19.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.P. Harvers

T199

1234



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1234

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.:
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: James Harvey Date of Receipt: 2-26-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 2-26-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KAC 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 2-26-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604096

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/26/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1264			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 08:58:17	PC301 Scale 1	kimbo3			69920 lb
					Tare	30800 lb
Out	02/26/2013 09:20:43	PC302 Scale2	kimbo3		Net	39120 lb
					Tons	19.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.56	Tons				VA
2 TPT-Transportation	100	19.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1264

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Dineen, Mark
b) Transporter's Address: 11520 Kat Cross Rd
c) Telephone Number: (844) 798-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.: 28
f) Name of Driver: D.L. Mally
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604097

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/26/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1210			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 09:00:47	PC301 Scale 1	kimbo3		Tare	78500 lb 31440 lb
Out	02/26/2013 09:22:07	PC302 Scale2	kimbo3		Net	47140 lb
					Tons	23.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.57	Tons				VA
2 TPT-Transportation	100	23.57	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604103

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	
Ticket Date	02/26/2013	Vehicle#	279	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1223			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 09:07:59	PC301 Scale 1	kimbo3		Tare	61780 lb
Out	02/26/2013 09:26:16	PC302 Scale2	kimbo3		Net	32100 lb
					Tons	29680 lb
						14.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.84	Tons				VA
2 TPT-Transportation	100	14.84	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

A Jewels

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604104

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	ECR	
Ticket Date	02/26/2013		Vehicle#	281	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	1006				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2				

	Time	Scale	Operator	Inbound	Gross	75040 lb
In	02/26/2013 09:10:30	PC301 Scale 1	kimbo3		Tare	35140 lb
Out	02/26/2013 09:29:03	PC302 Scale2	kimbo3		Net	39900 lb
					Tons	19.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.95	Tons				VA
2 TPT-Transportation	100	19.95	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

6

ECR 281



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1006

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 2-26-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 2-26-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KIOC 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604102

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1229			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67820 lb
In	02/26/2013 09:06:57	PC301 Scale 1	kimbo3		Tare	28260 lb
Out	02/26/2013 09:30:22	PC302 Scale2	kimbo3		Net	39560 lb
					Tons	19.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.78	Tons				VA
2 TPT-Transportation	100	19.78	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Henry K. [Signature]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604105

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1187	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	58180 lb
In	02/26/2013 09:17:29	PC301 Scale 1	kimbo3		Tare	28380 lb
Out	02/26/2013 09:33:42	PC302 Scale2	kimbo3		Net	29800 lb
					Tons	14.90

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.90	Tons				VA
2 TPT-Transportation	100	14.90	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

rowers



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1187

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: 32115. Telephone Number: 41509. Name of Driver: George E. Powers III. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 2-26-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 2-26-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 986-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): Kell 2-26-13. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604099

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1116			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 09:02:19	PC301 Scale 1	kimbo3			69000 lb
Out	02/26/2013 09:46:48	PC302 Scale2	kimbo3			28060 lb
						Net 40940 lb
						Tons 20.47

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.47	Tons				VA
2 TPT-Transportation	100	20.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604106

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1199			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78020 lb
In	02/26/2013 09:20:10	PC301 Scale 1	kimbo3		Tare	35260 lb
Out	02/26/2013 09:47:58	PC302 Scale2	kimbo3		Net	42760 lb
					Tons	21.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.38	Tons			VA
2	TPT-Transportation	100	21.38	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

LD 40401



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1199

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Tons. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson. Address: 13119. Vehicle License No./State: 13119. Name of Driver: Kevin S. Bell. Date of Receipt: 2-26-13.

Transfer Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: KDC. Date of Receipt: 2-26-13.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

Disposal Facility's Name, Physical Address, Telephone Number, Mailing Address, Name of Disposal Facility's Authorized Agent, Signature of Driver, Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604107

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/26/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1195			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 09:28:38	PC301 Scale 1	kimbo3		Tare	71560 lb 31920 lb
Out	02/26/2013 09:50:42	PC302 Scale 2	kimbo3		Net	39640 lb
					Tons	19.82

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.82	Tons				VA
2 TPT-Transportation	100	19.82	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604110

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	1188	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1246			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70800 lb
In	02/26/2013 09:35:07	PC301 Scale 1	kimbo3		Tare	28680 lb
Out	02/26/2013 09:52:43	PC302 Scale2	kimbo3		Net	42120 lb
Comments					Tons	21.06

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.06	Tons				VA
2 TPT-Transportation	100	21.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1246

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Other Load
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: [Signature]
Transporter's Address:
Telephone Number:
Vehicle License No./State: 6894
Trailer or Container No.: 1135
Name of Driver: DOW CARTER 12
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 22613

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) KOC 22613
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604111

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1207			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57680 lb
In	02/26/2013 09:35:38	PC301 Scale 1	kimbo3		Tare	26760 lb
Out	02/26/2013 09:54:56	PC302 Scale2	kimbo3		Net	30920 lb
					Tons	15.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.46	Tons				VA
2 TPT-Transportation	100	15.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

DW



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1207

DW

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

- j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

WASTE MANAGEMENT APPROVAL CODE grid with numbers 101 and 400VA

- m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: HA103803 VA
e) Trailer or Container No.: 60343
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604108

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 02/26/2013 Vehicle# 142 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1148
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	64480 lb
In	02/26/2013 09:31:40	PC301 Scale 1	kimbo3		Tare	27320 lb
Out	02/26/2013 09:57:15	PC302 Scale2	kimbo3		Net	37160 lb
					Tons	18.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.58	Tons				VA
2 TPT-Transportation	100	18.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Kerok Walls



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604118

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1096	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70860 lb
In	02/26/2013 10:00:50	PC301 Scale 1	kimbo3		Tare	27120 lb
Out	02/26/2013 10:29:19	PC302 Scale2	kimbo3		Net	43740 lb
					Tons	21.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.87	Tons			VA
2	TPT-Transportation	100	21.87	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604117

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1027	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69980 lb
In	02/26/2013 10:00:21	PC301 Scale 1	kimbo3		Tare	27760 lb
Out	02/26/2013 10:30:43	PC302 Scale2	kimbo3		Net	42220 lb
					Tons	21.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.11	Tons			VA
2	TPT-Transportation	100	21.11	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604122

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/26/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1221			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69820 lb
In	02/26/2013 10:19:11	PC301 Scale 1	kimbo3		Tare	32140 lb
Out	02/26/2013 10:38:10	PC302 Scale2	kimbo3		Net	37680 lb
					Tons	18.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.84	Tons				VA
2 TPT-Transportation	100	18.84	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields

403WM

AL 279



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1221

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Tons. Type of Containers: T R.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: A Field Trucking. Address: 447-3500. Vehicle License No./State: 59-075. Trailer or Container No.: 279. Name of Driver: A Field. Date of Receipt: 2-26-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): Date of Receipt: 2-26-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: Operator's Address: Telephone Number: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1228

T223

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
- c) Generator's Representative: Bryan Peed
- d) Telephone Number: (757) 341-0480
- e) WASTE MANAGEMENT APPROVAL CODE

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101400VA
- f) Common Name of Waste: Dredge Sediment
- g) Description of Waste: Same as Above
- h) Disposal Volume: One (1)
Tons Cubic Yards Other Load
- i) Number of Containers: _____
- j) Generating Location (Name): Same
- k) Address: Same
- l) Telephone Number: () Same
- m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	- Truck
DM	- Metal Drum
DP	- Plastic Drum
BA	- Bag
BB	- 6 mil. Plastic Bag
BC	- 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: 16-219
- e) Trailer or Container No.: 223
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Henry Davis 2-26-13
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Henry Davis 2-26-13
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
- b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
- c) Telephone Number: (804) 966-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-26-13
- f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604119

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1233	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:11:30	PC301 Scale 1	kimbo3		67800 lb	
Out	02/26/2013 10:46:20	PC302 Scale2	kimbo3		27000 lb	
					Net	40800 lb
					Tons	20.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.40	Tons				VA
2 TPT-Transportation	100	20.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

7109
Manifest No. 1233



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

m) Asbestos ONLY - Friable; Both; % Friable
 Non-Friable N/A % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver James Harvey Date of Receipt 2-26-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver James Harvey Date of Receipt 2-26-13

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) James Harvey 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility. James Harvey 2-26-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604127

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1188	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:32:03	PC301 Scale 1	kimbo3		59620	lb
Out	02/26/2013 10:48:01	PC302 Scale2	kimbo3		32240	lb
					Net	27380 lb
					Tons	13.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.69	Tons				VA
2 TPT-Transportation	100	13.69	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604120

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/26/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1263	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:14:49	PC301 Scale 1	kimbo3		Tare	73380 lb
Out	02/26/2013 10:49:42	PC302 Scale2	kimbo3		Net	30780 lb
					Tons	42600 lb
						21.30

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.30	Tons				VA
2 TPT-Transportation	100	21.30	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

n403WM... Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604121

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 02/26/2013 Vehicle# 29 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1209
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72240 lb
In	02/26/2013 10:17:08	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	02/26/2013 10:51:40	PC302 Scale2	kimbo3		Net	40680 lb
					Tons	20.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.34	Tons				VA
2 TPT-Transportation	100	20.34	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

K Anderson



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604126

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	02/26/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1007			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:26:53	PC301 Scale 1	kimbo3			65660 lb
Out	02/26/2013 10:55:34	PC302 Scale2	kimbo3			35240 lb
					Net	30420 lb
					Tons	15.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.21	Tons				VA
2 TPT-Transportation	100	15.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604130

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1197			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:42:40	PC301 Scale 1	kimbo3			75780 lb
					Tare	34500 lb
Out	02/26/2013 11:04:33	PC302 Scale2	kimbo3		Net	41280 lb
					Tons	20.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.64	Tons				VA
2 TPT-Transportation	100	20.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604129

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1117	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69220 lb
In	02/26/2013 10:42:06	PC301 Scale 1	kimbo3		Tare	27820 lb
Out	02/26/2013 11:06:01	PC302 Scale2	kimbo3		Net	41400 lb
					Tons	20.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.70	Tons				VA
2 TPT-Transportation	100	20.70	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604131

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1244			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:49:20	PC301 Scale 1	kimbo3			70000 lb
					Tare	29080 lb
Out	02/26/2013 11:09:46	PC302 Scale2	kimbo3		Net	40920 lb
					Tons	20.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.46	Tons				VA
2 TPT-Transportation	100	20.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1244

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver. Includes signature and date of receipt.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver. Includes signature and date of receipt.

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver. Includes signature and date of receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Includes signature and date of receipt.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification. Includes signature and date.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604136

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1262			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:57:30	PC301 Scale 1	kimbo3			57420 lb
Out	02/26/2013 11:13:56	PC302 Scale2	kimbo3		Tare	27940 lb
					Net	29480 lb
					Tons	14.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.74	Tons				VA
2 TPT-Transportation	100	14.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604134

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/26/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1194			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:55:08	PC301 Scale 1	kimbo3			71500 lb
Out	02/26/2013 11:16:05	PC302 Scale2	kimbo3			31980 lb
					Net	39520 lb
					Tons	19.76

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.76	Tons				VA
2 TPT-Transportation	100	19.76	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604135

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1277	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 10:56:57	PC301 Scale 1	kimbo3		Tare	67360 lb
Out	02/26/2013 11:22:42	PC302 Scale2	kimbo3		Net	27480 lb
					Tons	39880 lb
						19.94

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.94	Tons				VA
2 TPT-Transportation	100	19.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1277

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson TRKING
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.: 142
f) Name of Driver: KEITH WATTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-25-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KDC 226-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604145

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/26/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1224			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:31:01	PC301 Scale 1	kimbo3		Tare	62320 lb
Out	02/26/2013 11:49:56	PC301 Scale 2	DW		Net	31960 lb
					Tons	30360 lb
						15.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.18	Tons				VA
2 TPT-Transportation	100	15.18	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature A Judd



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604152

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/26/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1276	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79740 lb
In	02/26/2013 11:48:29	PC301 Scale 1	DW		Tare	30360 lb
Out	02/26/2013 12:15:28	PC301 Scale 2	DW		Net	49380 lb
					Tons	24.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.69	Tons				VA
2 TPT-Transportation	100	24.69	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604153

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/26/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1208			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:50:32	PC301 Scale 1	DW		Tare	71960 lb 31220 lb
Out	02/26/2013 12:17:03	PC301 Scale 2	DW		Net	40740 lb
					Tons	20.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.37	Tons			VA
2	TPT-Transportation	100	20.37	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

29 Manifest No. 1208

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DW CARY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 298-4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K. Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 3000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 504154

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/26/2013	Vehicle#	201	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1008			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:52:29	PC301 Scale 1	DW		Tare	75520 lb
Out	02/26/2013 12:14:08	PC301 Scale 2	DW		Net	35020 lb
					Tons	40500 lb
						20.25

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.25	Tons				VA
2 TPT-Transportation	100	20.25	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604151

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1189	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:43:09	PC301 Scale 1	kimbo3		Tare	63600 lb 28180 lb
Out	02/26/2013 12:12:52	PC301 Scale 2	DW		Net	35420 lb
					Tons	17.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.71	Tons				VA
2 TPT-Transportation	100	17.71	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature

POWER



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1189

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 8 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: Thompson. Address: 32115. Telephone: 41509. Vehicle License No./State: 2-26-13. Name of Driver: George E Powers. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 2-26-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 2-26-13.

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): I hereby warrant that the material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604144

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1028			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:27:14	PC301 Scale 1	kimbo3		Tare	68340 lb 27520 lb
Out	02/26/2013 12:11:42	PC301 Scale 2	DW		Net	40820 lb
					Tons	20.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.41	Tons				VA
2 TPT-Transportation	100	20.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604143

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1097			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:26:43	PC301 Scale 1	kimbo3			60400 lb
Out	02/26/2013 12:10:02	PC301 Scale 2	DW		Tare	27020 lb
					Net	33380 lb
					Tons	16.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.69	Tons				VA
2 TPT-Transportation	100	16.69	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

WM's Signature *Jason Murrill*



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604149

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1227			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:40:57	PC301 Scale 1	kimbo3		Tare	28120 lb
Out	02/26/2013 12:08:19	PC301 Scale 2	DW		Net	40240 lb
					Tons	20.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.12	Tons				VA
2 TPT-Transportation	100	20.12	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Teroy Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604150

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1232			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 11:41:32	PC301 Scale 1	kimbo3		Tare	67300 lb 27040 lb
Out	02/26/2013 12:05:49	PC301 Scale 2	DW		Net	40260 lb
					Tons	20.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.13	Tons				VA
2 TPT-Transportation	100	20.13	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604161

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1118	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 12:06:29	PC301 Scale 1	DW		60840	1b
Out	02/26/2013 12:29:28	PC302 Scale2	kimbo3		27520	1b
					Net	33320 1b
					Tons	16.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.66	Tons				VA
2 TPT-Transportation	100	16.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604163

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1240	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79660 lb
In	02/26/2013 12:09:43	PC301 Scale 1 DW			Tare	29060 lb
Out	02/26/2013 12:30:44	PC302 Scale2 kimbo3			Net	50600 lb
					Tons	25.30

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.30	Tons			VA
2	TPT-Transportation	100	25.30	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4, and 5.

Manifest No. 1188 1240

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name, Address, Telephone, License No. 6894, Trailer No. 1158, Driver: DON CARTER. Transfer Facility: Name, Address, Telephone, License No., Trailer No., Driver.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: Name, Address, Telephone, License No., Trailer No., Driver. Destination: Disposal Facility's Name: Charles City Landfill, Physical Address: 8000 Chambers Rd, Charles City, VA 23080, Telephone: (804) 966-7210, Mailing Address: Same as Above, Authorized Agent: [Signature], Date of Receipt: 2-26-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Operator's Name (print/type), Signature of Operator's Authorized Agent, Date.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604164

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/26/2013	Vehicle#	60343	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1267			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 12:11:20	PC301 Scale 1	DW		Tare	59000 lb 28440 lb
Out	02/26/2013 12:32:19	PC302 Scale 2	kimbo3		Net	30560 lb
					Tons	15.28

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.28	Tons				VA
2 TPT-Transportation	100	15.28	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

WM's Signature



NON-HAZARDOUS WASTE MANIFEST

60343 Manifest No. 1267

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: HA 1038030A
e) Trailer or Container No.: 60343
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604162

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1200	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	84560 lb
In	02/26/2013 12:07:55	PC301 Scale 1	DW		Tare	34880 lb
Out	02/26/2013 12:33:25	PC302 Scale2	kimbo3		Net	49680 lb
					Tons	24.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.84	Tons			VA
2	TPT-Transportation	100	24.84	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

40461

1200

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.:
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604165

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	02/26/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1193	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81220 lb
In	02/26/2013 12:16:45	PC301 Scale 1	DW		Tare	32000 lb
Out	02/26/2013 12:38:23	PC302 Scale 2	kimbo3		Net	49220 lb
					Tons	24.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.61	Tons				VA
2 TPT-Transportation	100	24.61	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1193

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: D.W. CARY. Address: Ashland VA. Telephone Number: (798) 4777. Vehicle License No./State: 24-161. Trailer or Container No.: 19. Name of Driver: R. ROBERTS. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 26 FEB 2013. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 988-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date. Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 504169

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1278			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 12:23:32	PC301 Scale 1	DW		Tare	27040 lb
Out	02/26/2013 12:51:39	PC302 Scale2	kimbo3		Net	40360 lb
					Tons	20.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.18	Tons				VA
2 TPT-Transportation	100	20.18	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature

Ruth Watts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

142 Manifest No. 1278

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.: 142
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Keith Watts Date of Receipt: 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-25-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604173

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/26/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1261			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 12:45:22	PC301 Scale 1	kimbo3			64040 lb
Out	02/26/2013 13:08:26	PC302 Scale2	kimbo3			31240 lb
					Net	32800 lb
					Tons	16.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.40	Tons				VA
2 TPT-Transportation	100	16.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. J. Jeffers





NON-HAZARDOUS WASTE MANIFEST

AC 279

1261

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Shanley City, County Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Original # 604182

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR
 Ticket Date 02/26/2013 Vehicle# 201 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1009 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:09:36	PC301 Scale 1	kimbo3		74000 lb	
Out	02/26/2013 13:27:21	PC302 Scale 2	kimbo3		35080 lb	
					Net	38920 lb
					Tons	19.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.46	Tons				VA
2 TPT-Transportation	100	19.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604181

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1190			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:07:59	PC301 Scale 1	kimbo3			60140 lb
Out	02/26/2013 13:34:02	PC302 Scale2	kimbo3			27840 lb
					Net	32300 lb
					Tons	16.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.15	Tons				VA
2 TPT-Transportation	100	16.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403W/M

Powers



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1190

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George E Powers III
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Date of Receipt
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604179

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1090			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	10140VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:01:49	PC301 Scale 1	kimbo3			66280 lb
					Tare	26960 lb
Out	02/26/2013 13:39:12	PC302 Scale2	kimbo3		Net	39320 lb
					Tons	19.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.66	Tons				VA
2 TPT-Transportation	100	19.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maurer



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1098

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: T R
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 116-222
e) Trailer or Container No.: 3192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Jason Maurz Date of Receipt 2-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KEC 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604180

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1029			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:02:19	PC301 Scale 1	kimbo3			67520 lb
Out	02/26/2013 13:42:13	PC302 Scale2	kimbo3			27060 lb
					Net	40460 lb
					Tons	20.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.23	Tons			VA
2	TPT-Transportation	100	20.23	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1029

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16238. Trailer or Container No.: 141. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] 2-26-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Transfer Facility: Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] [Date]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] [Date]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Destination: Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-26-13. The material delivered by the Transporter has been received at the Disposal Facility. [Signature] [Date]. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: [blank] b) Operator's Address: [blank] c) Telephone Number: [blank] e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604189

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1200			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:26:01	PC301 Scale 1	kimbo3			64400 lb
Out	02/26/2013 14:00:47	PC302 Scale2	kimbo3			27040 lb
					Net	37360 lb
					Tons	18.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.68	Tons			VA
2	TPT-Transportation	100	18.68	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1288

T194
1288

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE:

				1	0	1	4	0	0
							V	A	

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 Tons Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-188P

e) Trailer or Container No.: _____

f) Name of Driver: JAMES HARVEY

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: James Harvey Date of Receipt: 2-26-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver: James Harvey Date of Receipt: 2-26-13

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): Koe

f) The material delivered by the Transporter has been received at the Disposal Facility:
 Signature of Driver: James Harvey Date of Receipt: 2-26-13

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604190

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1231	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:26:50	PC301 Scale 1	kimbo3			55020 lb
Out	02/26/2013 14:02:19	PC302 Scale 2	kimbo3			27460 lb
					Net	27560 lb
					Tons	13.78

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.78	Tons				VA
2 TPT-Transportation	100	13.78	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

4400188



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1231

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Leroy Davis Date of Receipt 2-23-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Leroy Davis Date of Receipt 2-23-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Koe 2-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604194

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1268	Grid	P4C3	
Destination	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	41960 lb
In	02/26/2013 13:33:28	PC301 Scale 1	kimbo3		Tare	25960 lb
Out	02/26/2013 14:05:27	PC302 Scale2	kimbo3		Net	16000 lb
					Tons	8.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	8.00	Tons				VA
2 TPT-Transportation	100	8.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604193

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1119	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/26/2013 13:32:57	PC301 Scale 1	kimbo3		Tare	46740 lb
Out	02/26/2013 14:06:36	PC302 Scale2	kimbo3		Net	27400 lb
					Tons	19340 lb
						9.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	9.67	Tons				VA
2 TPT-Transportation	100	9.67	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604219

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/27/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1260			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:29:16	PC301 Scale 1	kimbo3		Tare	62860 lb 31580 lb
Out	02/27/2013 07:55:52	PC302 Scale2	kimbo3		Net	31280 lb
					Tons	15.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.64	Tons			VA
2	TPT-Transportation	100	15.64	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. Smith



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604220

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1269	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:29:51	PC301 Scale 1	kimbo3		Tare	58460 lb
Out	02/27/2013 07:57:10	PC302 Scale 2	kimbo3		Net	26320 lb
					Tons	32140 lb
						16.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.07	Tons				VA
2 TPT-Transportation	100	16.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604221

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/27/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1010			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:30:31	PC301 Scale 1	kimbo3		Tare	78420 lb 34800 lb
Out	02/27/2013 08:00:31	PC302 Scale2	kimbo3		Net Tons	43620 lb 21.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.81	Tons				VA
2 TPT-Transportation	100	21.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

2112 281



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1010

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Alcala Date of Receipt: 2-27-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Alcala Date of Receipt: 2-27-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): APC Date of Receipt: 2-27-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604222

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1079	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:31:07	PC301 Scale 1	kimbo3		Tare	70480 lb 27140 lb
Out	02/27/2013 08:08:39	PC302 Scale2	kimbo3		Net	43340 lb
					Tons	21.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.67	Tons			VA
2	TPT-Transportation	100	21.67	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604224

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1286			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:37:11	PC301 Scale 1	kimbo3		Tare	69460 lb
Out	02/27/2013 08:11:16	PC302 Scale2	kimbo3		Net	26720 lb
					Tons	42740 lb
						21.37

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.37	Tons				VA
2 TPT-Transportation	100	21.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604223

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1287	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	10140VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:36:34	PC301 Scale 1	kimbo3		Tare	70460 lb
Out	02/27/2013 08:13:01	PC302 Scale2	kimbo3		Net	27260 lb
					Tons	43200 lb
						21.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.60	Tons			VA
2	TPT-Transportation	100	21.60	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis



NON-HAZARDOUS WASTE MANIFEST

T225
Manifest No. 1287

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-219
 e) Trailer or Container No.: 223
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Henry Davis Date of Receipt 2-27-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver Henry Davis Date of Receipt 2-27-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) KRC 2-27-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604230

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1289	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	58440 lb
In	02/27/2013 07:51:37	PC301 Scale 1	kimbo3		Tare	27880 lb
Out	02/27/2013 08:16:56	PC302 Scale2	kimbo3		Net	30560 lb
					Tons	15.28

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.28	Tons				VA
2 TPT-Transportation	100	15.28	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Howen



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1289

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George E Powers, Jr
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604227

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/27/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1201			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 07:44:22	PC301 Scale 1	kimbo3		Tare	72940 lb 31620 lb
Out	02/27/2013 08:18:17	PC302 Scale2	kimbo3		Net	41320 lb
					Tons	20.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.66	Tons				VA
2 TPT-Transportation	100	20.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

APPROX



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604231

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1198	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76080 lb
In	02/27/2013 07:52:06	PC301 Scale 1	kimbo3		Tare	33940 lb
Out	02/27/2013 08:19:27	PC302 Scale2	kimbo3		Net	42140 lb
					Tons	21.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.07	Tons				VA
2 TPT-Transportation	100	21.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604229

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/27/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1249	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74820 lb
In	02/27/2013 07:46:26	PC301 Scale 1	kimbo3		Tare	31640 lb
Out	02/27/2013 08:20:56	PC302 Scale2	kimbo3		Net	43180 lb
					Tons	21.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.59	Tons				VA
2 TPT-Transportation	100	21.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. C-19
1249

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	- Truck
DM	- Metal Drum
DP	- Plastic Drum
BA	- Bag
BB	- 6 mil. Plastic Bag
BC	- 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D.W. Cary
 b) Transporter's Address: _____
 c) Telephone Number: (804) 798-4777
 d) Vehicle License No./State: 24-161
 e) Trailer or Container No.: 19
 f) Name of Driver: NELSON
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: FW Date of Receipt: 2-27-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver: FW Date of Receipt: 2-27-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) FW 2-27-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604235

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	1188	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1242			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 08:02:01	PC301 Scale 1	kimbo3			69100 lb
Out	02/27/2013 08:23:34	PC302 Scale2	kimbo3			28540 lb
					Net	40560 lb
					Tons	20.28

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.28	Tons				VA
2 TPT-Transportation	100	20.28	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Waste Management's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604248

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1270	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	54820 lb
In	02/27/2013 08:47:55	PC301 Scale 1	kimbo3		Tare	25940 lb
Out	02/27/2013 09:06:45	PC302 Scale2	kimbo3		Net	28880 lb
					Tons	14.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.44	Tons				VA
2 TPT-Transportation	100	14.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604244

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1099			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75020 lb
In	02/27/2013 08:44:34	PC301 Scale 1	kimbo3		Tare	27280 lb
Out	02/27/2013 09:08:30	PC302 Scale2	kimbo3		Net	47740 lb
					Tons	23.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.87	Tons				VA
2 TPT-Transportation	100	23.87	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Manis



00018ba0bysC Roady Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Orig#1604245

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1121	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70440 lb
In	02/27/2013 08:45:17	PC301 Scale 1	kimbo3		Tare	27120 lb
Out	02/27/2013 09:09:40	PC302 Scale2	kimbo3		Net	43320 lb
					Tons	21.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.66	Tons				VA
2 TPT-Transportation	100	21.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

7089



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1121

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 1K-221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604247

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1200	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71040 lb
In	02/27/2013 08:47:12	PC301 Scale 1	kimbo3		Tare	26700 lb
Out	02/27/2013 09:11:34	PC302 Scale2	kimbo3		Net	44340 lb
					Tons	22.17

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.17	Tons				VA
2 TPT-Transportation	100	22.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Karla Watts



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604251

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/27/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1011			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 08:52:18	PC301 Scale 1	kimbo3		77520 lb	
Out	02/27/2013 09:15:03	PC302 Scale2	kimbo3		34860 lb	
					Net	42660 lb
					Tons	21.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.33	Tons				VA
2 TPT-Transportation	100	21.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Alcole Cart





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604252

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	02/27/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1259			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 08:55:03	PC301 Scale 1	kimbo3		Tare	64500 lb 32320 lb
Out	02/27/2013 09:16:54	PC302 Scale2	kimbo3		Net	32180 lb
					Tons	16.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.09	Tons				VA
2 TPT-Transportation	100	16.09	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields



HC 279



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1259

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1) Tons. Number of Containers: 1. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: H 74195. Address: 325-1144. Telephone: () 325-1144. Vehicle License No./State: 39-D15. Trailer or Container No.: 279. Name of Driver: [Signature]. Date of Receipt: 2-27-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone: () [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [Blank]. Address: [Blank]. Telephone: () [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. Date of Receipt: 2-27-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [Blank]. Address: [Blank]. Telephone: () [Blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604255

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/27/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1080			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71740 lb
In	02/27/2013 09:06:16	PC301 Scale 1	kimbo3		Tare	27020 lb
Out	02/27/2013 09:25:54	PC302 Scale2	kimbo3		Net	44720 lb
					Tons	22.36

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.36	Tons				VA
2 TPT-Transportation	100	22.36	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1080

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)

m) Asbestos ONLY - Friable; Both; % Friable
 Non-Friable; N/A; % non-Friable
 n) Type of Containers: **T R**

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 10238
 e) Trailer or Container No.: 141
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: Greg Morris Date of Receipt: 2-27-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type): KDC 2-27-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
 a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
 Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____
 f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604257

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/27/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1324	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 09:14:38	PC301 Scale 1	kimbo3			61440 lb
Out	02/27/2013 09:38:59	PC302 Scale2	kimbo3		Tare	26500 lb
					Net	34940 lb
					Tons	17.47

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.47	Tons				VA
2 TPT-Transportation	100	17.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM

JR Harvey



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604258

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1321	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/27/2013 09:16:23	PC301 Scale 1	kimbo3		Tare	72000 lb 27200 lb
Out	02/27/2013 09:40:30	PC302 Scale2	kimbo3		Net	44720 lb
					Tons	22.36

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.36	Tons				VA
2 TPT-Transportation	100	22.36	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jeroy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604261

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1202	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81640 lb
In	02/27/2013 09:21:31	PC301 Scale 1	kimbo3		Tare	33940 lb
Out	02/27/2013 09:42:16	PC302 Scale 2	kimbo3		Net	47700 lb
					Tons	23.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.85	Tons				VA
2 TPT-Transportation	100	23.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM

004010



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1202

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column and 6 rows: TYPE OF CONTAINERS, TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.:
f) Name of Driver: Kevin Steel
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604260

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/27/2013	Vehicle#	32123	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1290			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59840 lb
In	02/27/2013 09:19:58	PC301 Scale 1	kimbo3		Tare	27760 lb
Out	02/27/2013 09:44:01	PC302 Scale2	kimbo3		Net	32080 lb
					Tons	16.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.04	Tons				VA
2 TPT-Transportation	100	16.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604264

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/27/2013	Vehicle#	1188	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1241			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68480 lb
In	02/27/2013 09:35:32	PC301 Scale 1	kimbo3		Tare	28520 lb
Out	02/27/2013 09:56:10	PC302 Scale2	kimbo3		Net	39960 lb
					Tons	19.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.98	Tons				VA
2 TPT-Transportation	100	19.98	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

LD 1188



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1241

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1). Type of Containers: TR.

Table with 2 columns: Container Type and Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: [Signature]. Address: [Signature]. Telephone Number: [Signature]. Vehicle License No./State: 6899. Trailer or Container No.: 1188. Name of Driver: DOUBLET. Signature of Driver: [Signature]. Date of Receipt: 2-27-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [Signature]. Address: [Signature]. Telephone Number: [Signature]. Vehicle License No./State: [Signature]. Name of Driver: [Signature]. Signature of Driver: [Signature]. Date of Receipt: [Signature].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [Signature]. Address: [Signature]. Telephone Number: [Signature]. Vehicle License No./State: [Signature]. Trailer or Container No.: [Signature]. Name of Driver: [Signature]. Signature of Driver: [Signature]. Date of Receipt: [Signature].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. Signature of Driver: [Signature]. Date of Receipt: [Signature].

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [Signature]. Address: [Signature]. Telephone Number: [Signature]. Recommended special handling instructions and additional information: [Signature]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [Signature]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604262

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/27/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1282			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76480 lb
In	02/27/2013 09:32:36	PC301 Scale 1	kimbo3		Tare	31700 lb
Out	02/27/2013 10:06:37	PC302 Scale2	kimbo3		Net	44780 lb
					Tons	22.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.39	Tons				VA
2 TPT-Transportation	100	22.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1282

copy

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable; Both; Non-Friable; N/A

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: DW CACY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604263

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/27/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1250			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73500 lb
In	02/27/2013 09:33:18	PC301 Scale 1	kimbo3		Tare	31460 lb
Out	02/27/2013 10:08:15	PC302 Scale2	kimbo3		Net	42040 lb
					Tons	21.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.02	Tons				VA
2 TPT-Transportation	100	21.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

FALP

Driver's Signature _____

403WM





Charles City County Landfill
 5000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Office # 604328

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 02/28/2013 Vehicle# 281 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1012
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	65500 lb
In	02/28/2013 08:04:53	PC301 Scale 1	kimbo3		Tare	35120 lb
Out	02/28/2013 08:24:37	PC302 Scale2	kimbo3		Net	30380 lb
					Tons	15.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.19	Tons				VA
2 TPT-Transportation	100	15.19	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



ECR 281



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1012

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604332

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1100	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67180 lb
In	02/28/2013 08:11:48	PC301 Scale 1	kimbo3		Tare	26420 lb
Out	02/28/2013 08:30:12	PC302 Scale2	kimbo3		Net	40760 lb
					Tons	20.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.38	Tons				VA
2 TPT-Transportation	100	20.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maus

6



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

192 Manifest No. 1100

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 3192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Jason Murr Date of Receipt: 2-20-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604333

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	10B1	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 08:12:16	PC301 Scale 1	kimbo3		Tare	66120 lb
Out	02/28/2013 08:31:30	PC302 Scale2	kimbo3		Net	26620 lb
					Tons	39500 lb
						19.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.75	Tons			VA
2	TPT-Transportation	100	19.75	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604335

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1135			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 08:18:18	PC301 Scale 1	kimbo3		Tare	67540 lb
Out	02/28/2013 08:41:04	PC302 Scale2	kimbo3		Net	26300 lb
					Tons	41240 lb
						20.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.62	Tons				VA
2 TPT-Transportation	100	20.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature 





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604336

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1342			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67160 lb
In	02/28/2013 08:28:12	PC301 Scale 1	kimbo3		Tare	26120 lb
Out	02/28/2013 08:55:04	PC302 Scale2	kimbo3		Net	41040 lb
					Tons	20.52

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.52	Tons				VA
2 TPT-Transportation	100	20.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
403WM

Keith Watts





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604338

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1320			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 08:29:42	PC301 Scale 1	kimbo3		Tare	66060 lb 27040 lb
Out	02/28/2013 08:56:38	PC302 Scale2	kimbo3		Net	39020 lb
					Tons	19.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.51	Tons			VA
2	TPT-Transportation	100	19.51	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geroy Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604337

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1325			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	
	02/28/2013 08:28:46	PC301 Scale 1	kimbo3		Tare	75840 lb
Out	02/28/2013 08:58:03	PC302 Scale2	kimbo3		Net	26180 lb
					Tons	49660 lb
						24.83

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.83	Tons				VA
2 TPT-Transportation	100	24.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604340

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1073	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69920 lb
In	02/28/2013 08:38:15	PC301 Scale 1	kimbo3		Tare	32300 lb
Out	02/28/2013 09:01:44	PC302 Scale2	kimbo3		Net	37620 lb
					Tons	18.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.81	Tons				VA
2 TPT-Transportation	100	18.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604341

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	cary	
Ticket Date	02/28/2013		Vehicle#	19	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	1252				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2				

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 08:42:31	PC301 Scale 1	kimbo3		Tare	68900 lb 32780 lb
Out	02/28/2013 09:06:50	PC302 Scale2	kimbo3		Net	36120 lb
					Tons	18.06

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.06	Tons				VA
2 TPT-Transportation	100	18.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 19 1252

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1). Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: DW Cary. Address: Ashland. Telephone Number: (804) 798-4777. Vehicle License No./State: 24-161 VA. Name of Driver: K. Anderson. Date of Receipt: 2/28/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 2-28-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, Recommended special handling instructions, Operator's Certification, Operator's Name (print/type), Signature of Operator's Authorized Agent, Date, Responsible Agency Name and Address.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604350

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/28/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1013			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63820 lb
In	02/28/2013 09:12:51	PC301 Scale 1	kimbo3		Tare	35180 lb
Out	02/28/2013 09:30:48	PC302 Scale2	kimbo3		Net	28640 lb
					Tons	14.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.32	Tons				VA
2 TPT-Transportation	100	14.32	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

2011WM



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604353

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1101			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 09:27:02	PC301 Scale 1	kimbo3		26940 lb	
Out	02/28/2013 09:51:53	PC302 Scale2	kimbo3		39620 lb	
					Tare	26940 lb
					Net	39620 lb
					Tons	19.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.81	Tons				VA
2 TPT-Transportation	100	19.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature *Loren Mason*





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604354

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1082			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 09:27:35	PC301 Scale 1	kimbo3			66920 lb
Out	02/28/2013 09:53:12	PC302 Scale2	kimbo3			27220 lb
					Net	39700 lb
					Tons	19.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.85	Tons				VA
2 TPT-Transportation	100	19.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



141

Manifest No. 1082



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**
- b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**
- c) Generator's Representative: **Bryan Peed**
- d) Telephone Number: **(757) 341-0480**
- e) WASTE MANAGEMENT APPROVAL CODE: **101400VA**
- f) Common Name of Waste: **Dredge Sediment**
- g) Description of Waste: **Same as Above**
- h) Disposal Volume: **One (1)** Tons Cubic Yards Other **Load**
- i) Number of Containers: _____
- j) Generating Location (Name): **Same**
- k) Address: **Same**
- l) Telephone Number: () **Same**
- m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
- n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: **Thompson**
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: **16238**
- e) Trailer or Container No.: **141**
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **2-28-13**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____
- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____
- a) Disposal Facility's Name: **Charles City Landfill**
- b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**
- c) Telephone Number: **(804) 966-7210**
- d) Mailing Address: **Same as Above**
- e) Name of Disposal Facility's Authorized Agent (print/type) **[Signature]** **2-28-13**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604356

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1136	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 09:34:22	PC301 Scale 1	kimbo3		Tare	58820 lb
Out	02/28/2013 09:55:52	PC302 Scale2	kimbo3		Net	26940 lb
					Tons	31880 lb
						15.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.94	Tons				VA
2 TPT-Transportation	100	15.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1136

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY:
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604361

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1399			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71220 lb
In	02/28/2013 09:57:05	PC301 Scale 1	kimbo3		Tare	31920 lb
Out	02/28/2013 10:18:41	PC302 Scale2	kimbo3		Net	39300 lb
					Tons	19.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.65	Tons				VA
2 TPT-Transportation	100	19.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1399

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: DW CARL. Address: ASHLAND VA. Telephone: (798) 4777. Vehicle License No./State: 24-162. Name of Driver: R. ROBERT. Date of Receipt: 28 FEB 2013.

Transfer Facility's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature] 2-28-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Operator's Name (print/type), Signature of Operator's Authorized Agent, Date.

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604364

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1343			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 10:01:22	PC301 Scale 1	kimbo3		Tare	63000 lb 26560 lb
Out	02/28/2013 10:27:04	PC302 Scale2	kimbo3		Net	36440 lb
					Tons	18.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.22	Tons				VA
2 TPT-Transportation	100	18.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Waste Management's Signature

Keith Watts

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604360

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1326			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	64920 lb
In	02/28/2013 09:51:19	PC301 Scale 1	kimbo3		Tare	26720 lb
Out	02/28/2013 10:28:59	PC302 Scale2	kimbo3		Net	38200 lb
					Tons	19.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.10	Tons				VA
2 TPT-Transportation	100	19.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604368

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1253			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 10:09:21	PC301 Scale 1	kimbo3		72940	lb
Out	02/29/2013 10:39:25	PC302 Scale 2	kimbo3		32860	lb
					40080	lb
						Tons
						20.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.04	Tons				VA
2 TPT-Transportation	100	20.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

K G - -



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1253

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: PW CRAV. Address: Ashland. Telephone Number: (804) 798-4777. Vehicle License No./State: 24-161 VA. Trailer or Container No.: 19. Name of Driver: K Anderson. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: K Anderson 2/28/13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: K Anderson 2/28/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-28-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: c) Telephone Number: b) Operator's Address: d) Recommended special handling instructions and additional information: e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604365

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1322			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 10:02:11	PC301 Scale 1	kimbo3		Tare	68060 lb
Out	02/28/2013 10:41:13	PC302 Scale2	kimbo3		Net	26800 lb
					Tons	41260 lb
						20.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.63	Tons				VA
2 TPT-Transportation	100	20.63	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature

Leah Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604370

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/28/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1014	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65600 lb
In	02/28/2013 10:18:11	PC301 Scale 1	kimbo3		Tare	34600 lb
Out	02/28/2013 10:42:48	PC302 Scale 2	kimbo3		Net	31000 lb
					Tons	15.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.50	Tons				VA
2 TPT-Transportation	100	15.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Aleale Carter

226081



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1014

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: FCC
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 2-28-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 2-28-13

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-28-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604376

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1102	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68840 lb
In	02/28/2013 10:49:02	PC301 Scale 1	kimbo3		Tare	26940 lb
Out	02/28/2013 11:10:20	PC302 Scale2	kimbo3		Net	41900 lb
					Tons	20.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.95	Tons				VA
2 TPT-Transportation	100	20.95	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maurer



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1102

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16-222. Trailer or Container No.: 3192. Name of Driver: [blank]. Signature of Driver: Jason Mann. Date of Receipt: 2-20-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank]. Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. Date of Receipt: 2-28-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name (print/type) Signature of Operator's Authorized Agent Date. Operator's Name: [blank]. Operator's Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604377

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1083			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 10:49:35	PC301 Scale 1	kimbo3		Tare	54040 lb
Out	02/28/2013 11:12:29	PC302 Scale2	kimbo3		Net	27220 lb
					Tons	26820 lb
						13.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.41	Tons				VA
2 TPT-Transportation	100	13.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1083

144

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Other Load
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Table with 2 columns: Container Type (TR, DM, DP, BA, BB, BC) and Description (Truck, Metal Drum, Plastic Drum, Bag, 6 mil. Plastic Bag, 12 mil. Plastic Bag)

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: VA 238
Trailer or Container No.: 141
Name of Driver: Gray
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 2-28-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 968-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature]
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604382

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1130			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65180 lb
In	02/28/2013 10:57:36	PC301 Scale 1	kimbo3		Tare	27120 lb
Out	02/28/2013 11:27:59	PC302 Scale2	kimbo3		Net	38060 lb
					Tons	19.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.03	Tons				VA
2 TPT-Transportation	100	19.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1130

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 281P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604386

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1398	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81560 lb
In	02/28/2013 11:15:53	PC301 Scale 1	kimbo3		Tare	32120 lb
Out	02/28/2013 11:40:50	PC302 Scale2	kimbo3		Net	49440 lb
					Tons	24.72

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.72	Tons				VA
2 TPT-Transportation	100	24.72	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

01

1398



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1398

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D.W. CARLY
b) Transporter's Address: ASH LAKE, VA
c) Telephone Number: () 798-4477
d) Vehicle License No./State: 24-162
e) Trailer or Container No.: 1
f) Name of Driver: R. ROBERTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 2-28-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604390

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1344			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69520 lb
In	02/28/2013 11:31:17	PC301 Scale 1	kimbo3		Tare	27040 lb
Out	02/28/2013 12:11:41	PC301 Scale 2	DW		Net	42480 lb
					Tons	21.24

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.24	Tons			VA
2	TPT-Transportation	100	21.24	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Kerik Watts





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1344

142

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson TRUCKING
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.: 142
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-28-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Keith Watts Date of Receipt: 2-28-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) PPC 2-28-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604391

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1327	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68200 lb
In	02/28/2013 11:31:52	PC301 Scale 1	kimbo3		Tare	26500 lb
Out	02/28/2013 12:13:15	PC301 Scale 2	DW		Net	41700 lb
					Tons	20.85

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.85	Tons			VA
2	TPT-Transportation	100	20.85	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1327

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: James Harvey Date of Receipt: 2-28-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 2-28-13
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Klee 228-3
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 2-28-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604394

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1319			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 11:37:33	PC301 Scale 1	kimbo3		Tare	65660 lb 27680 lb
Out	02/28/2013 12:14:35	PC301 Scale 2	DW		Net	37980 lb
					Tons	18.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.99	Tons			VA
2	TPT-Transportation	100	18.99	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604395

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	02/28/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1015	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 11:38:06	PC301 Scale 1	kimbo3			65760 lb
Out	02/28/2013 12:15:55	PC301 Scale 2	DW		Tare	34800 lb
					Net	30960 lb
					Tons	15.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.48	Tons			VA
2	TPT-Transportation	100	15.48	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403VMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604393

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1254	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72460 lb
In	02/28/2013 11:36:53	PC301 Scale 1	kimbo3		Tare	33000 lb
Out	02/28/2013 12:17:17	PC301 Scale 2	DW		Net	39460 lb
					Tons	19.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.73	Tons			VA
2	TPT-Transportation	100	19.73	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604402

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1103			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73160 lb
In	02/28/2013 12:03:32	PC301 Scale 1	DW		Tare	27180 lb
Out	02/28/2013 12:27:00	PC302 Scale2	DW		Net	45980 lb
					Tons	22.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.99	Tons			VA
2	TPT-Transportation	100	22.99	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

197

Manifest No. 1103

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both, % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 36-222
e) Trailer or Container No.: 3197
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Mann 2-20-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604404

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1084			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66820 lb
In	02/28/2013 12:06:34	PC301 Scale 1	DW		Tare	27700 lb
Out	02/28/2013 12:28:26	PC302 Scale2	kimbo3		Net	39120 lb
					Tons	19.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.56	Tons				VA
2 TPT-Transportation	100	19.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1084

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 2-28-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604408

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1131	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 12:21:41	PC301 Scale 1 DW			65060	1b
Out	02/28/2013 12:47:09	PC302 Scale2 kimbo3			27560	1b
					Net	37500 1b
					Tons	18.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.75	Tons				VA
2 TPT-Transportation	100	18.75	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No. 1131

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-2279
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 2-28
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 2-28

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604412

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1397			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 12:35:25	PC301 Scale 1	kimbo3		Tare	73520 1b 32220 1b
Out	02/28/2013 12:55:52	PC302 Scale2	kimbo3		Net	41300 1b
					Tons	20.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.65	Tons				VA
2 TPT-Transportation	100	20.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1397

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DW CARY
b) Transporter's Address: ASHLAND VA
c) Telephone Number: () 298-4577
d) Vehicle License No./State: 24-162
e) Trailer or Container No.: 1
f) Name of Driver: R. ROBERTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 2-28-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604417

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	02/28/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1016			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 13:04:52	PC301 Scale 1	kimbo3		Tare	73780 lb 34660 lb
Out	02/28/2013 13:26:05	PC302 Scale2	kimbo3		Net	39120 lb
					Tons	19.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.56	Tons				VA
2 TPT-Transportation	100	19.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604421

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	02/28/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1255	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78580 lb
In	02/28/2013 13:23:13	PC301 Scale 1	kimbo3		Tare	32820 lb
Out	02/28/2013 13:51:25	PC302 Scale2	kimbo3		Net	45760 lb
					Tons	22.88

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.88	Tons				VA
2 TPT-Transportation	100	22.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604423

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1085			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 13:24:17	PC301 Scale 1	kimbo3		Tare	58480 lb
Out	02/28/2013 14:05:20	PC302 Scale2	kimbo3		Net	27660 lb
					Tons	30820 lb
						15.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.41	Tons				VA
2 TPT-Transportation	100	15.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1085

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 2-28-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604422

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	02/28/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1104			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 13:23:45	PC301 Scale 1	kimbo3		Tare	65740 lb 27940 lb
Out	02/28/2013 14:07:52	PC302 Scale2	kimbo3		Net	37800 lb
					Tons	18.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.90	Tons				VA
2 TPT-Transportation	100	18.90	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Kevin Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1104

TIC12

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 3197
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604429

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1323	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	51940 lb
In	02/28/2013 13:36:30	PC301 Scale 1	kimbo3		Tare	27600 lb
Out	02/28/2013 14:10:00	PC302 Scale2	kimbo3		Net	24340 lb
					Tons	12.17

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.17	Tons				VA
2 TPT-Transportation	100	12.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Division's Signature

Terou Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604428

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	02/28/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1345	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	02/28/2013 13:35:54	PC301 Scale 1	kimbo3		Tare	63020 lb 27160 lb
Out	02/28/2013 14:11:42	PC302 Scale2	kimbo3		Net	35860 lb
					Tons	17.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.93	Tons			VA
2	TPT-Transportation	100	17.93	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1345

T 142

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson Trucking

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-254P

e) Trailer or Container No.: 142

f) Name of Driver: KEITH WATTS

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Keith Watts Date of Receipt 2-28-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Keith Watts Date of Receipt 2-28-13

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) RC 2-28-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____
 Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604457

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/01/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1017			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65200 lb
In	03/01/2013 07:33:12	PC301 Scale 1	kimbo3		Tare	35000 lb
Out	03/01/2013 07:49:26	PC302 Scale2	kimbo3		Net	30200 lb
					Tons	15.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.10	Tons				VA
2 TPT-Transportation	100	15.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1017

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: ECK
Transporter's Address:
Telephone Number:
Vehicle License No./State: P153561
Trailer or Container No.: 281
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-1-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-1-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-1-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: [Signature] Date of Receipt:
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: [Signature] Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604461

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1105			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 07:38:05	PC301 Scale 1	kimbo3		Tare	68360 lb 27140 lb
Out	03/01/2013 08:01:35	PC302 Scale2	kimbo3		Net	41220 lb
					Tons	20.61

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.61	Tons				VA
2 TPT-Transportation	100	20.61	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Jason Mann*





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604462

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1086	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 07:38:57	PC301 Scale 1	kimbo3		Tare	68100 1b 27780 1b
Out	03/01/2013 08:02:56	PC302 Scale2	kimbo3		Net	40320 1b
					Tons	20.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.16	Tons			VA
2	TPT-Transportation	100	20.16	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604465

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1346	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71880 lb
In	03/01/2013 07:43:40	PC301 Scale 1	kimbo3		Tare	27300 lb
Out	03/01/2013 08:05:30	PC302 Scale2	kimbo3		Net	44580 lb
					Tons	22.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.29	Tons			VA
2	TPT-Transportation	100	22.29	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keen Watts



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604463

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1328			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 07:39:31	PC301 Scale 1	kimbo3		Tare	67940 lb
Out	03/01/2013 08:06:55	PC302 Scale2	kimbo3		Net	27760 lb
					Tons	40180 lb
						20.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.09	Tons			VA
2	TPT-Transportation	100	20.09	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

JR Harvey





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604464

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1279	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82400 lb
In	03/01/2013 07:40:35	PC301 Scale 1	kimbo3		Tare	27700 lb
Out	03/01/2013 08:08:25	PC302 Scale2	kimbo3		Net	54700 lb
					Tons	27.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.35	Tons				VA
2 TPT-Transportation	100	27.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Deroy Davis



NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1279

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604465

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1132	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72640 lb
In	03/01/2013 07:44:11	PC301 Scale 1	kimbo3		Tare	27820 lb
Out	03/01/2013 08:09:59	PC302 Scale2	kimbo3		Net	44820 lb
					Tons	22.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.41	Tons			VA
2	TPT-Transportation	100	22.41	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604471

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1372			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 07:59:54	PC301 Scale 1	kimbo3			66120 lb
Out	03/01/2013 08:20:10	PC302 Scale2	kimbo3		Tare	33140 lb
					Net	32980 lb
					Tons	16.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.49	Tons				VA
2 TPT-Transportation	100	16.49	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature  _____





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

274

Manifest No. 1372

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kerry Freese
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-9-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-1-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) DC 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604470

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/01/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1393			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 07:59:23	PC301 Scale 1	kimbo3			88200 lb
Out	03/01/2013 08:21:44	PC302 Scale2	kimbo3			32760 lb
					Net	55440 lb
					Tons	27.72

Comments

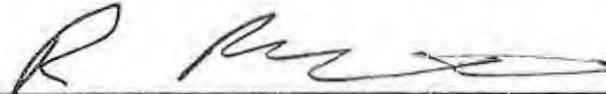
Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.72	Tons				VA
2 TPT-Transportation	100	27.72	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM






NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1393

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: D.W. CARY. Address: Ashland VA. Telephone: 798-4777. Vehicle License No./State: 24-162. Trailer or Container No.: 1. Name of Driver: R. ROBERTS. Date of Receipt: 1-MARCH-2013.

Transfer Facility's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2: (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: JC 3-13. Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604467

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/01/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1205			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	85000 lb
In	03/01/2013 07:52:30	PC301 Scale 1	kimbo3		Tare	33500 lb
Out	03/01/2013 08:24:16	PC302 Scale2	kimbo3		Net	51420 lb
					Tons	25.71

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.71	Tons				VA
2 TPT-Transportation	100	25.71	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

403WM

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604475

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1377			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

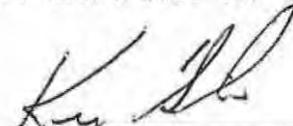
	Time	Scale	Operator	Inbound	Gross	83840 lb
In	03/01/2013 08:17:30	PC301 Scale 1	kimbo3		Tare	36220 lb
Out	03/01/2013 08:48:29	PC302 Scale2	kimbo3		Net	47620 lb
					Tons	23.81

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.81	Tons				VA
2 TPT-Transportation	100	23.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1377

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Sweet
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604476

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1162			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75860 lb
In	03/01/2013 08:19:30	PC301 Scale 1	kimbo3		Tare	29220 lb
Out	03/01/2013 08:49:51	PC302 Scale2	kimbo3		Net	46640 lb
					Tons	23.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.32	Tons			VA
2	TPT-Transportation	100	23.32	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Ruth





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1162

41547

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Rusty Date of Receipt 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Rusty Date of Receipt 3-1-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 800 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KAC 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604479

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1018			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72900 lb
In	03/01/2013 08:37:59	PC301 Scale 1	kimbo3		Tare	34900 lb
Out	03/01/2013 08:57:59	PC302 Scale2	kimbo3		Net	38000 lb
					Tons	19.00

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.00	Tons				VA
2 TPT-Transportation	100	19.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604481

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/01/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1258			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72300 lb
In	03/01/2013 08:45:54	PC301 Scale 1	kimbo3		Tare	33260 lb
Out	03/01/2013 09:08:55	PC302 Scale2	kimbo3		Net	39040 lb
					Tons	19.52

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.52	Tons				VA
2 TPT-Transportation	100	19.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature A Fields



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604483

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1106	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 08:51:48	PC301 Scale 1	kimbo3		Tare	63000 lb 27440 lb
Out	03/01/2013 09:20:46	PC302 Scale2	kimbo3		Net	35560 lb
					Tons	17.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.78	Tons			VA
2	TPT-Transportation	100	17.78	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1106

192

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 3192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Marler 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
f) Responsible Agency Name and Address:
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604490

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1087	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79220 lb
In	03/01/2013 08:59:35	PC301 Scale 1	kimbo3		Tare	27660 lb
Out	03/01/2013 09:22:10	PC302 Scale2	kimbo3		Net	51560 lb
					Tons	25.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.78	Tons			VA
2	TPT-Transportation	100	25.78	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604491

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1362			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:05:52	PC301 Scale 1	kimbo3		77360 lb	
Out	03/01/2013 09:32:53	PC302 Scale2	kimbo3		27960 lb	
					Net	49400 lb
					Tons	24.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.70	Tons				VA
2 TPT-Transportation	100	24.70	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
403WM

JR Harvey





NON-HAZARDOUS WASTE MANIFEST

199

Manifest No. 1362

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-1-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-1-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604492

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1364			
Destination		Brid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:10:39	PC301 Scale 1	kimbo3		78500 lb	
Out	03/01/2013 09:34:49	PC302 Scale2	kimbo3		27620 lb	
					Net	50880 lb
					Tons	25.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.44	Tons				VA
2 TPT-Transportation	100	25.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis

403WVA





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604493

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1133			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81760 lb
In	03/01/2013 09:13:31	PC301 Scale 1	kimbo3		Tare	27620 lb
Out	03/01/2013 09:36:19	PC302 Scale2	kimbo3		Net	54140 lb
					Tons	27.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.07	Tons				VA
2 TPT-Transportation	100	27.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No. 1133

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-1
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-1

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JC 31-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604495

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1371			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:18:54	PC301 Scale 1	kimbo3		67800 lb	
					Tare	27700 lb
Out	03/01/2013 09:42:34	PC302 Scale2	kimbo3		Net	40100 lb
					Tons	20.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.05	Tons				VA
2 TPT-Transportation	100	20.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





Charles City County Landfill
8000 Chambers Road

Charles City County Landfill
8000 Chambers Road



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604496

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1373	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:23:21	PC301 Scale 1	kimbo3		Tare	78460 lb
Out	03/01/2013 09:45:37	PC302 Scale2	kimbo3		Net	33500 lb
					Tons	44960 lb
						22.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.48	Tons				VA
2 TPT-Transportation	100	22.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1373

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Tons. Number of Containers: X Other Load.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: ECR. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: 274. Name of Driver: Kenny Freeze. Date of Receipt: 3-1-13.

SECTION 3 TRANSFER FACILITY (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [signature]. Date of Receipt: 3-1-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-965-7210

Original
 Ticket# 604498

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	
Ticket Date	03/01/2013	Vehicle#	01	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1395			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:29:45	PC301 Scale 1	kimbo3		Tare	92500 lb 33020 lb
Out	03/01/2013 09:52:37	PC302 Scale2	kimbo3		Net	59480 lb
					Tons	29.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.74	Tons				VA
2 TPT-Transportation	100	29.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

40AWM



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1395

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D.W. CARY
b) Transporter's Address: Ashland, VA
c) Telephone Number: (798) 4777
d) Vehicle License No./State: 29-162
e) Trailer or Container No.: 1
f) Name of Driver: R. ROBERTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) 3-1-3
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604499

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/01/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1284	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	86500 lb
In	03/01/2013 09:30:19	PC301 Scale 1	kimbo3		Tare	32800 lb
Out	03/01/2013 09:55:57	PC302 Scale2	kimbo3		Net	53700 lb
					Tons	26.85

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.85	Tons				VA
2 TPT-Transportation	100	26.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1284

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: DW CASEY
b) Transporter's Address: Ashland
c) Telephone Number: 804 798 4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K. Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604506

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1378			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:53:48	PC301 Scale 1	kimbo3		Tare	81240 lb 36220 lb
Out	03/01/2013 10:20:27	PC302 Scale2	kimbo3		Net	45020 lb
					Tons	22.51

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.51	Tons			VA
2	TPT-Transportation	100	22.51	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 10401 1378

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.:
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604507

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1383			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:54:29	PC301 Scale 1	kimbo3			83280 lb
Out	03/01/2013 10:21:55	PC302 Scale2	kimbo3		Tare	29420 lb
					Net	53860 lb
					Tons	26.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.93	Tons				VA
2 TPT-Transportation	100	26.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rutb

4019744





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1383

41547

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code and Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107554
e) Trailer or Container No.: 41547
f) Name of Driver: JENSTY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604508

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1400			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 09:55:05	PC301 Scale 1	kimbo3		Tare	74880 lb 34140 lb
Out	03/01/2013 10:23:24	PC302 Scale2	kimbo3		Net	40740 lb
					Tons	20.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.37	Tons				VA
2 TPT-Transportation	100	20.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604509

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/01/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1329			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 10:00:44	PC301 Scale 1	kimbo3		Tare	74620 lb 31140 lb
Out	03/01/2013 10:28:30	PC302 Scale2	kimbo3		Net	43480 lb
					Tons	21.74

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.74	Tons				VA
2 TPT-Transportation	100	21.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields

403WMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604511

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1107			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80060 lb
In	03/01/2013 10:13:24	PC301 Scale 1	kimbo3		Tare	27280 lb
Out	03/01/2013 10:34:55	PC302 Scale2	kimbo3		Net	52780 lb
					Tons	26.39

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.39	Tons				VA
2 TPT-Transportation	100	26.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Morris





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1088

111

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable: N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604515

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1134			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81600 lb
In	03/01/2013 10:29:57	PC301 Scale 1	kimbo3		Tare	27740 lb
Out	03/01/2013 10:58:33	PC302 Scale2	kimbo3		Net	53860 lb
					Tons	26.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.93	Tons				VA
2 TPT-Transportation	100	26.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604518

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1363			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 10:36:12	PC301 Scale 1	kimbo3		Tare	80760 lb
Out	03/01/2013 11:00:24	PC302 Scale2	kimbo3		Net	27840 lb
					Tons	52920 lb
						26.46

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	26.46	Tons			VA
2	TPT-Transportation	100	26.46	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM

J.R. Harvey





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 6.

Manifest No. 1363

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: THOMPSON. Address: 10-188P. Telephone Number: () Vehicle License No./State: 199. Name of Driver: JAMES HARVEY. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: James Harvey Date of Receipt: 3-1-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: James Harvey Date of Receipt: 3-1-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: () Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: () Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23050. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KO 3-1-13. I hereby warrant that the material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: James Harvey Date of Receipt: 3-1-13. I hereby warrant that the material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. c) Telephone Number: ()

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604519

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1365			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79100 lb
In	03/01/2013 10:37:45	PC301 Scale 1	kimbo3		Tare	27620 lb
Out	03/01/2013 11:03:14	PC302 Scale2	kimbo3		Net	51480 lb
					Tons	25.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.74	Tons				VA
2 TPT-Transportation	100	25.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Gerard Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1365

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

Table with 2 columns: Container Code, Type of Containers. Includes TR, DM, DP, BA, BB, BC.

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Jerry Davis Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Jerry Davis Date of Receipt: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604522

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/01/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1374			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 10:42:48	PC301 Scale 1	kimbo3			82200 lb
Out	03/01/2013 11:05:23	PC302 Scale2	kimbo3			33880 lb
					Net	48320 lb
					Tons	24.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.16	Tons				VA
2 TPT-Transportation	100	24.16	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1374

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

1 0 1 4 0 0 V A

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kenny Freeman
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-1-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604521

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1360	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 10:41:54	PC301 Scale 1	kimbo3			77840 lb
Out	03/01/2013 11:07:19	PC302 Scale2	kimbo3			27440 lb
					Net	50400 lb
					Tons	25.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.20	Tons				VA
2 TPT-Transportation	100	25.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1368

142

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.: 192
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604523

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/01/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1394			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 10:51:43	PC301 Scale 1	kimbo3		Tare	96100 lb 32060 lb
Out	03/01/2013 11:14:38	PC302 Scale2	kimbo3		Net	64040 lb
					Tons	32.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.02	Tons				VA
2 TPT-Transportation	100	32.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1394

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: TR.

Table with 2 columns: Container Code, Description. TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 5 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name: D.W. CARY, Address: ASHLAND VA, Telephone: 598-4777, Vehicle License No./State: 24-1102, Name of Driver: R. ROBERTS. Date of Receipt: 1 MARCH 2012.

Transfer Facility: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver. Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter 2: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver. Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility: Name: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 966-7210, Mailing Address: Same as Above, Name of Disposal Facility's Authorized Agent: [Signature] 313. Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Signature of Operator's Authorized Agent, Date, Responsible Agency Name and Address.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604528

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1401			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74780 lb
In	03/01/2013 11:12:01	PC301 Scale 1	kimbo3		Tare	34300 lb
Out	03/01/2013 11:33:05	PC302 Scale2	kimbo3		Net	40480 lb
					Tons	20.24

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.24	Tons			VA
2	TPT-Transportation	100	20.24	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Alcala Caste





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1401

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECK
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 281
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604532

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/01/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1330			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 11:32:32	PC301 Scale 1	kimbo3		Tare	68660 lb 32000 lb
Out	03/01/2013 11:55:13	PC302 Scale2	kimbo3		Net	36660 lb
					Tons	18.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.33	Tons				VA
2 TPT-Transportation	100	18.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM

6



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1330

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A Fields
b) Transporter's Address:
c) Telephone Number: (757) 447-5788
d) Vehicle License No./State: 3A-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: A Fields Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fields Date of Receipt: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KQ 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604531

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/01/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1384			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 11:32:00	PC301 Scale 1	kimbo3		Tare	80180 lb
Out	03/01/2013 11:58:00	PC302 Scale2	kimbo3		Net	29180 lb
					Tons	51000 lb
						25.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.50	Tons				VA
2 TPT-Transportation	100	25.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1384

4154

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 8 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 107856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604530

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1382			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 11:31:06	PC301 Scale 1	kimbo3		Tare	98640 lb 34580 lb
Out	03/01/2013 11:59:54	PC302 Scale2	kimbo3		Net	64060 lb
					Tons	32.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.03	Tons				VA
2 TPT-Transportation	100	32.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

40401

Manifest No. 1382

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Silva
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604534

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1108	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	88120 lb
In	03/01/2013 11:36:49	PC301 Scale 1	kimbo3		Tare	27960 lb
Out	03/01/2013 12:06:40	PC302 Scale2	kimbo3		Net	60160 lb
					Tons	30.08

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.08	Tons				VA
2 TPT-Transportation	100	30.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1108

1a2

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same
 m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable; N/A _____ % non-Friable

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: J. Kompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-222
 e) Trailer or Container No.: 3107
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Mervis 3-1-13
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) RL 3-1-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604535

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1089			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75580 lb
In	03/01/2013 11:37:31	PC301 Scale 1	kimbo3		Tare	27340 lb
Out	03/01/2013 12:08:24	PC302 Scale2	kimbo3		Net	48240 lb
					Tons	24.12

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.12	Tons				VA
2 TPT-Transportation	100	24.12	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Adkins, Sue

From: Victor Gaytan <vgaytan@awti.net>
Sent: Tuesday, July 02, 2013 2:49 PM
To: Adkins, Sue
Subject: RE: Camera

275

From: Adkins, Sue [sadkins@wm.com]
Sent: Tuesday, July 02, 2013 1:46 PM
To: Victor Gaytan
Subject: RE: Camera

Can I get a price on the camera so I can put it with my warranty information?

From: Victor Gaytan [mailto:vgaytan@awti.net]
Sent: Tuesday, July 02, 2013 2:43 PM
To: Adkins, Sue
Subject: RE: Camera

good afternoon,

you are correct, WM Claim# 59097 was covered under warranty and rga has been closed on our end.

best regards,

Victor Gaytan
Alliance Wireless Technologies / 3rd Eye Rear Vision
9940 W. Sam Houston Pkwy S.
Suite 330
Houston, Texas 77099
Office: 713-690-4100 ext. 206
Cell: 832-435-9437
Fax: 713-690-5800
Email: vgaytan@awti.net
Web: www.awti.net

From: Adkins, Sue [sadkins@wm.com]
Sent: Tuesday, July 02, 2013 6:12 AM
To: Victor Gaytan
Subject: Camera

I just rec'd a new camera. I am assuming the other was covered under warranty. Let me know.

Sue Adkins
Senior Operations Specialist
Charles City County Landfill
sadkins@wm.com

Waste Management of VA, Inc.
8000 Chambers Rd.

Charles City, VA 23030
Tel 804-253-8014
Cell 804-627-3820
Fax 866-873-2598

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



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604537

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1120	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73780 lb
In	03/01/2013 11:51:58	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	03/01/2013 12:23:04	PC301 Scale 2	DW		Net	46560 lb
					Tons	23.28

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.28	Tons			VA
2	TPT-Transportation	100	23.28	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604546

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1375			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69100 lb
In	03/01/2013 12:08:00	PC301 Scale 1	kimbo3		Tare	33240 lb
Out	03/01/2013 12:27:14	PC301 Scale 2	DW		Net	35860 lb
					Tons	17.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.93	Tons				VA
2 TPT-Transportation	100	17.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1375

274

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable: N/A % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Kenny Freese
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-1-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KA 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604551

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/01/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1402	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 12:22:45	PC301 Scale 1	DW		Tare	68340 lb 34120 lb
Out	03/01/2013 12:40:49	PC301 Scale 2	DW		Net	34220 lb
					Tons	17.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.11	Tons			VA
2	TPT-Transportation	100	17.11	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604549

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	03/01/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1396			
Destination		Grid	F4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80300 lb
In	03/01/2013 12:18:52	PC301 Scale 1	DW		Tare	32340 lb
Out	03/01/2013 12:44:31	PC301 Scale 2	DW		Net	47960 lb
					Tons	23.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.98	Tons				VA
2 TPT-Transportation	100	23.98	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604550

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	03/01/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1387			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 12:21:52	PC301 Scale 1	DW		Tare	72220 lb 32680 lb
Out	03/01/2013 12:46:32	PC301 Scale 2	DW		Net	39540 lb
					Tons	19.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		19.77	Tons		VA
2	TPT-Transportation	100		19.77	Tons		VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

K Anderson





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1387

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: DW CACY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604554

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/01/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1331			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61360 lb
In	03/01/2013 12:48:26	PC301 Scale 1	DW		Tare	32360 lb
Out	03/01/2013 13:09:38	PC302 Scale2	kimbo3		Net	29000 lb
					Tons	14.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.50	Tons				VA
2 TPT-Transportation	100	14.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

279 Manifest No. 1331

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A Fields
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 39-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original # 604561
 Ticket # 1604561

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1385			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	54020 lb
In	03/01/2013 13:11:57	PC301 Scale 1	kimbo3		Tare	30100 lb
Out	03/01/2013 13:37:40	PC302 Scale2	kimbo3		Net	23920 lb
					Tons	11.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.96	Tons				VA
2 TPT-Transportation	100	11.96	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Reub

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Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604560

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1381			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	64940 lb
In	03/01/2013 13:11:08	PC301 Scale 1	kimbo3		Tare	36720 lb
Out	03/01/2013 13:40:56	PC302 Scale2	kimbo3		Net	28220 lb
					Tons	14.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.11	Tons			VA
2	TPT-Transportation	100	14.11	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

40401

Manifest No. 1381

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Schuler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604541

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1359			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81000 lb
In	03/01/2013 12:01:24	PC301 Scale 1	kimbo3		Tare	25380 lb
Out	03/01/2013 13:47:41	PC302 Scale2	kimbo3		Net	55620 lb
					Tons	27.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.81	Tons				VA
2 TPT-Transportation	100	27.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1359

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.:
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604543

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1366			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/01/2013 12:04:06	PC301 Scale 1	kimbo3			70380 lb
Out	03/01/2013 13:54:12	PC302 Scale2	kimbo3			26000 lb
					Net	44380 lb
					Tons	22.19

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.19	Tons			VA
2	TPT-Transportation	100	22.19	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leon Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1366

2013

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3.1.13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604547

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1369			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67900 lb
In	03/01/2013 12:09:37	PC301 Scale 1	kimbo3		Tare	25600 lb
Out	03/01/2013 13:58:39	PC302 Scale2	kimbo3		Net	42300 lb
					Tons	21.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.15	Tons				VA
2 TPT-Transportation	100	21.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Keith Watts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1369

Handwritten initials

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste identification code: 101 400VA

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson TIKING
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.: 142
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Keith Watts Date of Receipt: 3-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Keith Watts Date of Receipt: 3-1-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604597

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/04/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1403			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

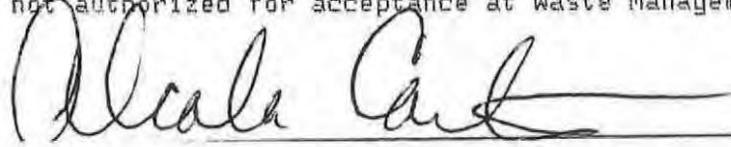
	Time	Scale	Operator	Inbound	Gross	56980 lb
In	03/04/2013 07:31:46	PC301 Scale 1	kimbo3		Tare	34680 lb
Out	03/04/2013 07:49:05	PC302 Scale2	kimbo3		Net	22300 lb
					Tons	11.15

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.15	Tons				VA
2 TPT-Transportation	100	11.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604598

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1215			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 07:32:19	PC301 Scale 1	kimbo3		67600 lb	
Out	03/04/2013 08:01:52	PC302 Scale2	kimbo3		26600 lb	
					Net	41000 lb
					Tons	20.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.50	Tons				VA
2 TPT-Transportation	100	20.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604599

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1211			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 07:32:52	PC301 Scale 1	kimbo3		Tare	62440 lb
Out	03/04/2013 08:04:28	PC302 Scale2	kimbo3		Net	26700 lb
					Tons	35740 lb
						17.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.87	Tons			VA
2	TPT-Transportation	100	17.87	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604605

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1122			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63640 lb
In	03/04/2013 07:41:38	PC301 Scale 1	kimbo3		Tare	26640 lb
Out	03/04/2013 08:06:37	PC302 Scale2	kimbo3		Net	37000 lb
					Tons	18.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.50	Tons				VA
2 TPT-Transportation	100	18.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604606

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1367			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 07:42:15	PC301 Scale 1	kimbo3			63760 lb
Out	03/04/2013 08:08:07	PC302 Scale2	kimbo3			26700 lb
					Net	37060 lb
					Tons	18.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.53	Tons				VA
2 TPT-Transportation	100	18.53	Tons				VA

Total Tax
 Total Ticket

Terrell Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

203

Manifest No. 1367

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-4-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604611

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1272			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 07:47:55	PC301 Scale 1	kimbo3			77700 lb
Out	03/04/2013 08:15:51	PC302 Scale2	kimbo3			31640 lb
					Net	46060 lb
					Tons	23.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.03	Tons				VA
2 TPT-Transportation	100	23.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604612

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1388			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71100 lb
In	03/04/2013 07:48:33	PC301 Scale 1	kimbo3		Tare	33580 lb
Out	03/04/2013 08:18:20	PC302 Scale2	kimbo3		Net	37520 lb
					Tons	18.76

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.76	Tons				VA
2 TPT-Transportation	100	18.76	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1388

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101 400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Non-Friable: Both: N/A
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DW LACY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 398-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/4/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/4/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KAC 34-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Shoalee City, Charley Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Principal 1604622

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1376	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 08:36:37	PC301 Scale 1	kimbo3			68940 lb
Out	03/04/2013 08:57:16	PC302 Scale2	kimbo3			30560 lb
					Net	38380 lb
					Tons	19.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.19	Tons			VA
2	TPT-Transportation	100	19.19	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 5000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604623

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/04/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1390			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 08:38:55	PC301 Scale 1	kimbo3			58900 lb
Out	03/04/2013 08:58:54	PC302 Scale2	kimbo3			31840 lb
					Net	27060 lb
					Tons	13.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.53	Tons				VA
2 TPT-Transportation	100	13.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

214

Manifest No. 1390

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECK
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153557
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Alcala Cort Date of Receipt: 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Alcala Cort Date of Receipt: 3-4-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604628

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1216			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	62000 lb
In	03/04/2013 08:54:45	PC301 Scale 1	kimbo3		Tare	26720 lb
Out	03/04/2013 09:25:52	PC302 Scale2	kimbo3		Net	35280 lb
					Tons	17.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.64	Tons				VA
2 TPT-Transportation	100	17.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604629

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1212	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 08:55:18	PC301 Scale 1	kimbo3			63380 lb
Out	03/04/2013 09:27:07	PC302 Scale2	kimbo3			27300 lb
					Net	36080 lb
					Tons	18.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.04	Tons				VA
2 TPT-Transportation	100	18.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 141 1212

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 298
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOE 3-4-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604631

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/04/2013 Vehicle# 089 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1123
 Destination Grid P4C3
 PQ 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	64740 lb
In	03/04/2013 09:05:45	PC301 Scale 1	kimbo3		Tare	26600 lb
Out	03/04/2013 09:28:16	PC302 Scale2	kimbo3		Net	38140 lb
					Tons	19.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.07	Tons				VA
2 TPT-Transportation	100	19.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604632

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1124	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 09:06:42	PC301 Scale 1	kimbo3			64100 lb
Out	03/04/2013 09:30:14	PC302 Scale 2	kimbo3			26800 lb
					Net	37300 lb
					Tons	18.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.65	Tons			VA
2	TPT-Transportation	100	18.65	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Teroy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604636

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1273			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70320 lb
In	03/04/2013 09:14:12	PC301 Scale 1	kimbo3		Tare	31520 lb
Out	03/04/2013 09:38:32	PC302 Scale2	kimbo3		Net	38800 lb
					Tons	19.40

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.40	Tons				VA
2 TPT-Transportation	100	19.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604637

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1389			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 09:20:08	PC301 Scale 1	kimbo3		77500 lb	
Out	03/04/2013 09:43:51	PC302 Scale2	kimbo3		34040 lb	
					Net	43540 lb
					Tons	21.77

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.77	Tons				VA
2 TPT-Transportation	100	21.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

K. Giddens





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1389

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DW Cary
b) Transporter's Address: Ashland
c) Telephone Number: (804) 758-4777
d) Vehicle License No./State: 24-141 VA
e) Trailer or Container No.: 19
f) Name of Driver: K. Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604644

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/04/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1298			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 09:57:09	PC301 Scale 1	kimbo3			71620 lb
					Tare	32920 lb
Out	03/04/2013 10:15:14	PC302 Scale2	kimbo3		Net	38700 lb
					Tons	19.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.35	Tons			VA
2	TPT-Transportation	100	19.35	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1298

24

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag
Generator's Authorized Agent Name, Signature, Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: PI 3557
e) Trailer or Container No.: 287
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Aleck Carter Date of Receipt: 4-3-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Aleck Carter Date of Receipt: 4-3-13
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type), Signature of Operator's Authorized Agent, Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604643

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1391	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 09:56:37	PC301 Scale 1	kimbo3		70980	1b
Out	03/04/2013 10:20:53	PC302 Scale2	kimbo3		30000	1b
					40980	1b
					Tons	20.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.49	Tons				VA
2 TPT-Transportation	100	20.49	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604640

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1380			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 09:42:47	PC301 Scale 1	kimbo3			86560 lb
Out	03/04/2013 10:22:22	PC302 Scale2	kimbo3			34300 lb
						Net Tons 52260 lb
						26.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	26.13	Tons			VA
2	TPT-Transportation	100	26.13	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1380

40401

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 2 columns: Container Type (TR, DM, DP, BA, BB, BC) and Description (Truck, Metal Drum, Plastic Drum, Bag, 6 mil. Plastic Bag, 12 mil. Plastic Bag)

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 17119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Soler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 7-4-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) RC 34-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604653

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1125			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 10:29:00	PC301 Scale 1	kimbo3		Tare	67060 lb
Out	03/04/2013 10:50:50	PC302 Scale2	kimbo3		Net	27740 lb
					Tons	39320 lb
						19.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.66	Tons			VA
2	TPT-Transportation	100	19.66	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604649

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/04/2013 Vehicle# 187 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1217
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	65860 lb
In	03/04/2013 10:13:14	PC301 Scale 1	kimbo3		Tare	26780 lb
Out	03/04/2013 10:54:48	PC302 Scale2	kimbo3		Net	39080 lb
					Tons	19.54

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.54	Tons			VA
2	TPT-Transportation	100	19.54	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1217

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

101400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable; Both; _____ % Friable

g) Description of Waste: Same as Above

Non-Friable N/A _____ % non-Friable

h) Disposal Volume: One (1)

n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

_____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-239

e) Trailer or Container No.: 187

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Jason Marm 3-4-17
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) DC 3-4-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604650

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1213			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 10:16:40	PC301 Scale 1	kimbo3			67120 lb
Out	03/04/2013 10:56:10	PC302 Scale2	kimbo3			28040 lb
					Net	39080 lb
					Tons	19.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.54	Tons				VA
2 TPT-Transportation	100	19.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature  _____





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1213

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable; Both; % Friable
 Non-Friable N/A % non-Friable

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
Tons Cubic Yards Other Load

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____

Signature of Generator's Authorized Agent _____

Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16238

e) Trailer or Container No.: 141

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver [Signature] Date of Receipt 3-4-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-4-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____

Signature of Operator's Authorized Agent _____

Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604652

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1127			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 10:28:21	PC301 Scale 1	kimbo3			66900 lb
Out	03/04/2013 10:57:55	PC302 Scale2	kimbo3			27640 lb
					Net	39260 lb
					Tons	19.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.63	Tons			VA
2	TPT-Transportation	100	19.63	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1127

OSR

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604656

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1274			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 10:39:18	PC301 Scale 1	kimbo3		77940 lb	
Out	03/04/2013 11:06:01	PC302 Scale2	kimbo3		31880 lb	
					Net	46060 lb
					Tons	23.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.03	Tons			VA
2	TPT-Transportation	100	23.03	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604663

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	03/04/2013	Vehicle#	274	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1299			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78180 lb
In	03/04/2013 11:04:19	PC301 Scale 1	kimbo3		Tare	33060 lb
Out	03/04/2013 11:24:01	PC302 Scale2	kimbo3		Net	45120 lb
					Tons	22.56

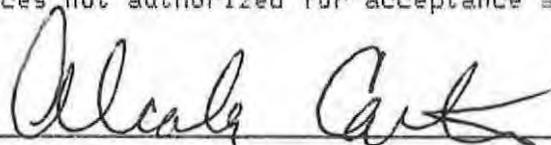
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.56	Tons			VA
2	TPT-Transportation	100	22.56	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1299

214

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: FCR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604669

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1126	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 11:43:42	PC301 Scale 1	kimbo3		Tare	70840 lb 27560 lb
Out	03/04/2013 12:05:24	PC302 Scale 2	DW		Net	43280 lb
					Tons	21.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.64	Tons			VA
2	TPT-Transportation	100	21.64	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jeremy Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1126

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-4-12
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-4-12

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604667

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1392			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 11:28:36	PC301 Scale 1	kimbo3			84400 lb
Out	03/04/2013 12:07:22	PC302 Scale 2	DW		Tare	30400 lb
					Net	54000 lb
					Tons	27.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.00	Tons				VA
2 TPT-Transportation	100	27.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

Dw





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41507

Manifest No. 1392

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: T R

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 654
e) Trailer or Container No.: 41547
f) Name of Driver: Peed
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604671

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1311			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79140 lb
In	03/04/2013 11:46:28	PC301 Scale 1	kimbo3		Tare	28360 lb
Out	03/04/2013 12:12:06	PC302 Scale2	DW		Net	50780 lb
					Tons	25.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.39	Tons				VA
2 TPT-Transportation	100	25.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1311

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 11e-239
e) Trailer or Container No.: 187
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Jason Mann Date of Receipt 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604672

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1214	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69480 lb
In	03/04/2013 11:50:20	PC301 Scale 1	DW		Tare	27520 lb
Out	03/04/2013 12:14:24	PC302 Scale2	DW		Net	41960 lb
					Tons	20.98

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.98	Tons			VA
2	TPT-Transportation	100	20.98	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1214

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16 238
 e) Trailer or Container No.: 141
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver [Signature] Date of Receipt 3-4-13

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 968-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-4-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604674

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1379	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

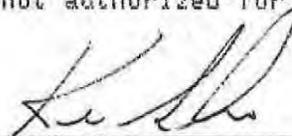
	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 11:58:38	PC301 Scale 1	DW			86760 lb
Out	03/04/2013 12:15:40	PC302 Scale2	DW			35480 lb
					Net	51280 lb
					Tons	25.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.64	Tons				VA
2 TPT-Transportation	100	25.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature  _____





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

40401

1379

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, OP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Silvestri
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604673

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1120	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72880 lb
In	03/04/2013 11:57:57	PC301 Scale 1	DW		Tare	27760 lb
Out	03/04/2013 12:17:51	PC302 Scale2	DW		Net	45120 lb
					Tons	22.56

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.56	Tons				VA
2 TPT-Transportation	100	22.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604679

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/04/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1300			
Destination		Grid	P4C3	
PD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 12:17:25	PC301 Scale 1	DW			79460 lb
Out	03/04/2013 12:38:47	PC302 Scale2	kimbo3		Tare	33060 lb
					Net	46400 lb
					Tons	23.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.20	Tons				VA
2 TPT-Transportation	100	23.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604681

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	
Ticket Date	03/04/2013	Vehicle#	28	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1469			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 12:23:51	PC301 Scale 1	DW			74000 lb
Out	03/04/2013 12:58:56	PC302 Scale2	kimbo3			32100 lb
					Net	41900 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.99	Tons				VA
2 TPT-Transportation	100	20.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604682

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	03/04/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1462			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78220 lb
In	03/04/2013 12:24:33	PC301 Scale 1	DW		Tare	33400 lb
Out	03/04/2013 13:00:49	PC302 Scale2	kimbo3		Net	44820 lb
					Tons	22.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.41	Tons				VA
2 TPT-Transportation	100	22.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1462

19

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

Transporter 1: DWCAOY, Address: Ashland, Telephone: (804) 298-4777, Vehicle License No./State: 24-161 VA. Transfer Facility: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 966-7210.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

Transporter 2: (empty). Destination: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 966-7210.

SECTION 6

ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, and Certification section.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604690

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/04/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1332	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65560 lb
In	03/04/2013 12:57:43	PC301 Scale 1	kimbo3		Tare	33720 lb
Out	03/04/2013 13:16:04	PC302 Scale2	kimbo3		Net	31840 lb
					Tons	15.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.92	Tons			VA
2	TPT-Transportation	100	15.92	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

A. J. [Signature]



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1332

279

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
g) The material delivered by the transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604691

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/04/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1312			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:02:24	PC301 Scale 1	kimbo3		Tare	69840 lb 27540 lb
Out	03/04/2013 13:32:19	PC302 Scale2	kimbo3		Net	42300 lb
					Tons	21.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.15	Tons				VA
2 TPT-Transportation	100	21.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604693

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1352			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65160 lb
In	03/04/2013 13:10:24	PC301 Scale 1	kimbo3		Tare	27120 lb
Out	03/04/2013 13:34:11	PC302 Scale 2	kimbo3		Net	38040 lb
					Tons	19.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.02	Tons			VA
2	TPT-Transportation	100	19.02	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604694

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1129			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:10:57	PC301 Scale 1	kimbo3		27420	1b
Out	03/04/2013 13:35:19	PC302 Scale2	kimbo3		41780	1b
					20.89	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.89	Tons				VA
2 TPT-Transportation	100	20.89	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604697

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/04/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1294			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74720 lb
In	03/04/2013 13:21:50	PC301 Scale 1	kimbo3		Tare	30100 lb
Out	03/04/2013 13:50:22	PC302 Scale2	kimbo3		Net	44620 lb
					Tons	22.31

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.31	Tons				VA
2 TPT-Transportation	100	22.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604696

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1451			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:21:03	PC301 Scale 1	kimbo3		Tare	78820 lb 35580 lb
Out	03/04/2013 13:52:07	PC302 Scale2	kimbo3		Net	43240 lb
					Tons	21.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.62	Tons				VA
2 TPT-Transportation	100	21.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604701

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/04/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1301			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:33:45	PC301 Scale 1	kimbo3		Tare	64480 lb 31340 lb
Out	03/04/2013 13:54:18	PC302 Scale2	kimbo3		Net	33140 lb
					Tons	16.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.57	Tons			VA
2	TPT-Transportation	100	16.57	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1301

274

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: DIS 3557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604699

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1471	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:28:23	PC301 Scale 1	kimbo3		Tare	80420 lb 27560 lb
Out	03/04/2013 13:58:40	PC302 Scale2	kimbo3		Net	52860 lb
					Tons	26.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.43	Tons				VA
2 TPT-Transportation	100	26.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jeremy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604705

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1470			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 13:51:41	PC301 Scale 1	kimbo3			75100 lb
					Tare	32300 lb
Out	03/04/2013 14:20:34	PC302 Scale2	kimbo3		Net	42800 lb
					Tons	21.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.40	Tons				VA
2 TPT-Transportation	100	21.40	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604707

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1463			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75440 lb
In	03/04/2013 13:55:35	PC301 Scale 1	kimbo3		Tare	33600 lb
Out	03/04/2013 14:22:02	PC302 Scale2	kimbo3		Net	41840 lb
					Tons	20.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.92	Tons				VA
2 TPT-Transportation	100	20.92	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

K. Anderson





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1463

Handwritten number 14

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: 1
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: DWCAFY
Transporter's Address: Ashland
Telephone Number: (804) 798-7777
Vehicle License No./State: 24-161 VA
Trailer or Container No.: 19
Name of Driver: K Anderson
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/4/13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/4/13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): Koe 3-4-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604708

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/04/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1333			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 14:05:43	PC301 Scale 1	kimbo3			64840 lb
Out	03/04/2013 14:26:22	PC302 Scale2	kimbo3			32740 lb
					Net	32100 lb
					Tons	16.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.05	Tons				VA
2 TPT-Transportation	100	16.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. J. [Signature]





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1333

29

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: A Fields
b) Transporter's Address:
c) Telephone Number: (447) 5847
d) Vehicle License No./State: 39-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: A Fields Date of Receipt: 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fields Date of Receipt: 3-4-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604716

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/04/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1313			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 14:20:01	PC301 Scale 1	kimbo3		27280	1b
Out	03/04/2013 14:44:02	PC302 Scale2	kimbo3		42640	1b
					Net	21.32
					Tons	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.32	Tons				VA
2 TPT-Transportation	100	21.32	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann

4091068



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1313

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: T R

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-235
e) Trailer or Container No.: 187
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Munn 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604717

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1353			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 14:24:16	PC301 Scale 1	kimbo3			68200 lb
Out	03/04/2013 14:45:19	PC302 Scale2	kimbo3			27380 lb
					Net	40820 lb
					Tons	20.41

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.41	Tons				VA
2 TPT-Transportation	100	20.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature







NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1353

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Hompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16 238

e) Trailer or Container No.: 141

f) Name of Driver: Gray

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver [Signature] Date of Receipt 3-4-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-4-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604719

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1475			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 14:37:08	PC301 Scale 1	kimbo3		Tare	77280 lb
Out	03/04/2013 14:54:09	PC302 Scale2	kimbo3		Net	27700 lb
					Tons	49580 lb
						24.79

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.79	Tons			VA
2	TPT-Transportation	100	24.79	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1475

Handwritten initials/signature

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 281P
e) Trailer or Container No.: 3080
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Joe 34-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604720

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/04/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1302			
Destination		Grid	P4C3	
PD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61760 lb
In	03/04/2013 14:42:04	PC301 Scale 1	kimbo3		Tare	31920 lb
Out	03/04/2013 15:01:55	PC302 Scale2	kimbo3		Net	29840 lb
					Tons	14.92

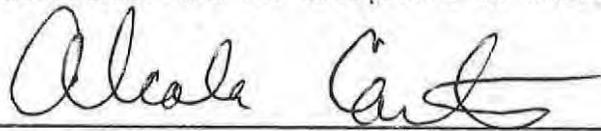
Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.92	Tons				VA
2 TPT-Transportation	100	14.92	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1302

274

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same

101 400VA

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: PIC3557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Alcala Carbo Date of Receipt: 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Alcala Carbo Date of Receipt: 3-4-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604722

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1472			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70000 lb
In	03/04/2013 14:51:14	PC301 Scale 1	kimbo3		Tare	27600 lb
Out	03/04/2013 15:05:26	PC302 Scale2	kimbo3		Net	42320 lb
					Tons	21.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.16	Tons			VA
2	TPT-Transportation	100	21.16	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Gary Davis

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1472

203

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-4-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604731

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1467			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 15:11:59	PC301 Scale 1	kimbo3		Tare	82740 lb
Out	03/04/2013 15:32:00	PC302 Scale2	kimbo3		Net	32100 lb
					Tons	50640 lb
						25.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.32	Tons			VA
2	TPT-Transportation	100	25.32	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604732

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/04/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1464	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 15:15:48	PC301 Scale 1	kimbo3		Tare	82300 lb 34240 lb
Out	03/04/2013 15:34:06	PC302 Scale2	kimbo3		Net	48060 lb
					Tons	24.03

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.03	Tons				VA
2 TPT-Transportation	100	24.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

19

Manifest No. 1464

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 2 columns: Container Type, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DWCA-Y
b) Transporter's Address: Ashland
c) Telephone Number: (804) 398-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K. Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604733

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/04/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1334			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61500 lb
In	03/04/2013 15:19:23	PC301 Scale 1	kimbo3		Tare	33840 lb
Out	03/04/2013 15:38:57	PC302 Scale2	kimbo3		Net	27660 lb
					Tons	13.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.83	Tons				VA
2 TPT-Transportation	100	13.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604726

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1452	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 14:56:59	PC301 Scale 1	kimbo3			83240 lb
Out	03/04/2013 15:53:30	PC302 Scale2	kimbo3			35580 lb
					Net	47660 lb
					Tons	23.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.83	Tons				VA
2 TPT-Transportation	100	23.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604735

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/04/2013 Vehicle# 41547 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1295
 Destination Grid P4C3
 PQ 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	70880 lb
In	03/04/2013 15:30:01	PC301 Scale 1	kimbo3		Tare	30880 lb
Out	03/04/2013 15:54:59	PC302 Scale2	kimbo3		Net	40000 lb
					Tons	20.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.00	Tons				VA
2 TPT-Transportation	100	20.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Randy

and W/M





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604738

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1314			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 15:37:55	PC301 Scale 1	kimbo3		Tare	54500 lb
Out	03/04/2013 16:04:07	PC302 Scale2	kimbo3		Net	27800 lb
					Tons	26700 lb
						13.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.35	Tons				VA
2 TPT-Transportation	100	13.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604739

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/04/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1354			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/04/2013 15:38:26	PC301 Scale 1	kimbo3			49100 lb
Out	03/04/2013 16:06:10	PC302 Scale2	kimbo3			27380 lb
					Net	21720 lb
					Tons	10.86

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.86	Tons				VA
2 TPT-Transportation	100	10.86	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1354

41

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable: N/A % non-Friable
n) Type of Containers: T R

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 34-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KDC 34-18
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604756

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/05/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1303			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 07:42:33	PC301 Scale 1	kimbo3		Tare	52740 lb 33000 lb
Out	03/05/2013 07:58:08	PC302 Scale2	kimbo3		Net	19740 lb
					Tons	9.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	9.87	Tons			VA
2	TPT-Transportation	100	9.87	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Alcala Cast





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604758

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	
Ticket Date	03/05/2013	Vehicle#	279	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1337			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 07:46:12	PC301 Scale 1	kimbo3		Tare	62160 lb 31380 lb
Out	03/05/2013 08:06:56	PC302 Scale2	kimbo3		Net	30780 lb
					Tons	15.39

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.39	Tons				VA
2 TPT-Transportation	100	15.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Jeps

403WM





Charles City County Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Original Ticket# 604762

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1315			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:00:42	PC301 Scale 1	kimbo3		Tare	67580 1b
Out	03/05/2013 08:29:11	PC302 Scale2	kimbo3		Net	27740 1b
					Tons	39840 1b
						19.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.92	Tons				VA
2 TPT-Transportation	100	19.92	Tons				VA

Total Tax
Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1315

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-239
e) Trailer or Container No.: 187
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KAC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604763

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1355	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:01:13	PC301 Scale 1	kimbo3		Tare	67020 1b 28440 1b
Out	03/05/2013 08:31:38	PC302 Scale2	kimbo3		Net	38580 1b
					Tons	19.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.29	Tons				VA
2 TPT-Transportation	100	19.29	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604765

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1473			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:04:28	PC301 Scale 1	kimbo3		Tare	66380 lb 28380 lb
Out	03/05/2013 08:33:10	PC302 Scale2	kimbo3		Net	38000 lb
					Tons	19.00

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.00	Tons				VA
2 TPT-Transportation	100	19.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Terry Davis*





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

223

Manifest No. 1473

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-249
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Joe 35-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 504766

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1476	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76980 lb
In	03/05/2013 00:05:04	PC301 Scale 1	kimbo3		Tare	28220 lb
Out	03/05/2013 00:37:08	PC302 Scale2	kimbo3		Net	48760 lb
					Tons	24.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.38	Tons				VA
2 TPT-Transportation	100	24.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1476

089

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOL 35-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604769

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/05/2013 Vehicle# 19 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1465
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:15:21	PC301 Scale 1	kimbo3		80020	1b
Out	03/05/2013 08:51:38	PC302 Scale2	kimbo3		32780	1b
					47240	1b
						Tons 23.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.62	Tons				VA
2 TPT-Transportation	100	23.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
403WM

K Anderson





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1465

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: DW CARY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 278 4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-513
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604770

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1468	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79660 lb
In	03/05/2013 08:15:56	PC301 Scale 1	kimbo3		Tare	32050 lb
Out	03/05/2013 08:53:17	PC302 Scale2	kimbo3		Net	47600 lb
					Tons	23.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.80	Tons				VA
2 TPT-Transportation	100	23.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1468

Handwritten initials

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: 1
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: D.W. Long Hauling
Transporter's Address: 11520 Foxcross Rd
Telephone Number: (904) 258-4777
Vehicle License No./State: 24-335
Trailer or Container No.:
Name of Driver: P. La Marley
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-5-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Telephone Number:
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604777

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/05/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1305			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63960 lb
In	03/05/2013 08:47:03	PC301 Scale 1	kimbo3		Tare	34300 lb
Out	03/05/2013 09:03:37	PC302 Scale 2	kimbo3		Net	29660 lb
					Tons	14.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.83	Tons				VA
2 TPT-Transportation	100	14.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604773

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1458	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:32:50	PC301 Scale 1	kimbo3			66720 lb
Out	03/05/2013 09:06:27	PC302 Scale2	kimbo3			25900 lb
					Net	40820 lb
					Tons	20.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.41	Tons				VA
2 TPT-Transportation	100	20.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1458

1169

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 17390
e) Trailer or Container No.:
f) Name of Driver: Kevin Silver 1169
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-5-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2: (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

Driver's Signature _____



Charles City County Landfill
8000 Chambers Road
Charles City, VA, 23030
Ph: 804-966-7210

Original
Ticket# 604774

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	9740	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1453			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:35:09	PC301 Scale 1	kimbo3		Tare	77300 lb 35780 lb
Out	03/05/2013 09:08:39	PC302 Scale2	kimbo3		Net	41520 lb
					Tons	20.76

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.76	Tons				VA
2 TPT-Transportation	100	20.76	Tons				VA

Total Tax
Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604778

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1335			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 08:58:25	PC301 Scale 1	kimbo3		Tare	69220 lb 32140 lb
Out	03/05/2013 09:17:09	PC302 Scale2	kimbo3		Net	37080 lb
					Tons	18.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.54	Tons				VA
2 TPT-Transportation	100	18.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

A. J. Fields



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1335

JH

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A Fields

b) Transporter's Address: _____

c) Telephone Number: () 447-5785

d) Vehicle License No./State: 39-D75

e) Trailer or Container No.: 279

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
A Fields 3-6-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
A Fields 3-5-13
 Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-5-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604785

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013		Vehicle#	41509	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	1291				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	185-NAVFACMIDATLANTIC	NAVFAC MID ATLANTIC	LITTLE CREEK	PHASE 2	

	Time	Scale	Operator	Inbound	Gross	58420 lb
In	03/05/2013 09:18:52	PC301 Scale 1	kimbo3		Tare	27500 lb
Out	03/05/2013 09:34:30	PC302 Scale2	kimbo3		Net	30920 lb
					Tons	15.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-	100	15.46	Tons			VA
2	TPT-Transportation	100	15.46	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604788

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1316			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 09:24:10	PC301 Scale 1	kimbo3		69320 lb	
Out	03/05/2013 09:48:48	PC302 Scale2	kimbo3		27880 lb	
					Net	41440 lb
					Tons	20.72

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.72	Tons				VA
2 TPT-Transportation	100	20.72	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maurer



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

Manifest No. 1316

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

i) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-239
e) Trailer or Container No.: 187
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number:
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604789

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1356			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 09:24:44	PC301 Scale 1	kimbo3		Tare	69960 lb 28280 lb
Out	03/05/2013 09:50:13	PC302 Scale2	kimbo3		Net	41680 lb
					Tons	20.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.84	Tons			VA
2	TPT-Transportation	100	20.84	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141

Manifest No. 1356

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 2 columns: Container Type, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
Charles City, VA, 23030
Ph: 804-966-7210

03/05/2013 1604793

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1474			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69020 lb
In	03/05/2013 09:32:10	PC301 Scale 1	kimbo3		Tare	28260 lb
Out	03/05/2013 09:55:50	PC302 Scale 2	kimbo3		Net	40760 lb
					Tons	20.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.38	Tons				VA
2 TPT-Transportation	100	20.38	Tons				VA

Total Tax
Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jerry Davis





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

203

Manifest No. 1474

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy-Davis Date of Receipt: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KLC 35-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604794

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	009	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1479			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 09:32:43	PC301 Scale 1	kimbo3			69460 lb
Out	03/05/2013 09:57:36	PC302 Scale2	kimbo3		Tare	28520 lb
					Net	40940 lb
					Tons	20.47

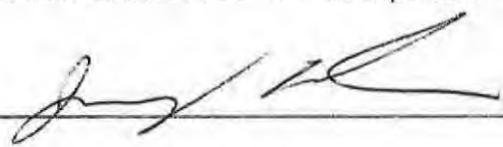
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.47	Tons				VA
2 TPT-Transportation	100	20.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604797

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/05/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1306			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	64800 lb
In	03/05/2013 09:52:25	PC301 Scale 1	kimbo3		Tare	34280 lb
Out	03/05/2013 10:10:04	PC302 Scale2	kimbo3		Net	30520 lb
					Tons	15.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.26	Tons				VA
2 TPT-Transportation	100	15.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1306

274

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Feed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: FCK
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-5-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604796

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1484	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 09:46:55	PC301 Scale 1	kimbo3		Tare	80580 lb 32480 lb
Out	03/05/2013 10:18:32	PC302 Scale2	kimbo3		Net	48100 lb
					Tons	24.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.05	Tons				VA
2 TPT-Transportation	100	24.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1484

28

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D W Cary Hauling
b) Transporter's Address: 11520 Foxcross rd
c) Telephone Number: (404) 798-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Mallum
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604795

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1466	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83380 lb
In	03/05/2013 09:44:15	PC301 Scale 1	kimbo3		Tare	33440 lb
Out	03/05/2013 10:20:10	PC302 Scale2	kimbo3		Net	49940 lb
					Tons	24.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.97	Tons				VA
2 TPT-Transportation	100	24.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604806

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1336			
Destination		Grid	P403	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 10:22:04	PC301 Scale 1	kimbo3			63380 lb
Out	03/05/2013 10:47:17	PC302 Scale2	kimbo3		Tare	32560 lb
					Net	30820 lb
					Tons	15.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.41	Tons			VA
2	TPT-Transportation	100	15.41	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. J. Feld





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1336

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A FURKS TRANSPORT
b) Transporter's Address:
c) Telephone Number: () 442-5138
d) Vehicle License No./State:
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) FCC 35-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604810

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	41509	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1292			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 10:31:00	PC301 Scale 1	kimbo3		58320	lb
Out	03/05/2013 10:51:46	PC302 Scale2	kimbo3		27840	lb
					Net	30480
					Tons	15.24

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.24	Tons			VA
2	TPT-Transportation	100	15.24	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604804

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 1169 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1457
 Destination Grid P4C3
 PQ 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	75640 lb
In	03/05/2013 10:19:44	PC301 Scale 1	kimbo3		Tare	26940 lb
Out	03/05/2013 10:54:40	PC302 Scale2	kimbo3		Net	48700 lb
					Tons	24.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.35	Tons				VA
2 TPT-Transportation	100	24.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604805

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	9740	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1488			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 10:21:27	PC301 Scale 1	kimbo3			84380 lb
Out	03/05/2013 10:56:08	PC302 Scale2	kimbo3			36080 lb
					Net	48300 lb
					Tons	24.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.15	Tons			VA
2	TPT-Transportation	100	24.15	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

9710

1488

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. _____

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16656
e) Trailer or Container No.: 9740
f) Name of Driver: Shawn Meeker
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3/5/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3/5/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 35-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604811

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1317			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 10:42:06	PC301 Scale 1	kimbo3		Tare	76780 lb 28480 lb
Out	03/05/2013 11:11:19	PC302 Scale2	kimbo3		Net	48300 lb
					Tons	24.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.15	Tons			VA
2	TPT-Transportation	100	24.15	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604812

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1357			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69400 lb
In	03/05/2013 10:44:13	PC301 Scale 1	kimbo3		Tare	27980 lb
Out	03/05/2013 11:31:43	PC302 Scale2	kimbo3		Net	41420 lb
					Tons	20.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.71	Tons				VA
2 TPT-Transportation	100	20.71	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604819

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/05/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1304			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65740 lb
In	03/05/2013 11:12:47	PC301 Scale 1	kimbo3		Tare	31920 lb
Out	03/05/2013 11:37:10	PC302 Scale2	kimbo3		Net	33820 lb
					Tons	16.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.91	Tons				VA
2 TPT-Transportation	100	16.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1304

274

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Type of Containers. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: DIS 3557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604815

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1477	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 10:53:36	PC301 Scale 1	kimbo3		59700	1b
Out	03/05/2013 11:39:02	PC302 Scale2	kimbo3		28240	1b
					41460	1b
						Tons
						20.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.73	Tons				VA
2 TPT-Transportation	100	20.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604817

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1489	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 11:05:28	PC301 Scale 1	kimbo3		Tare	75880 1b 28360 1b
Out	03/05/2013 11:41:13	PC302 Scale2	kimbo3		Net	47520 1b
					Tons	23.76

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.76	Tons			VA
2	TPT-Transportation	100	23.76	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geroy Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1489

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604822

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1480	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 11:24:18	PC301 Scale 1	kimbo3		Tare	74800 lb 32680 lb
Out	03/05/2013 11:51:51	PC302 Scale2	kimbo3		Net	42120 lb
					Tons	21.06

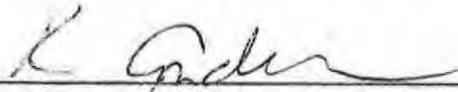
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.06	Tons			VA
2	TPT-Transportation	100	21.06	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature







WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1480

19

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

i) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: D W C A C Y
b) Transporter's Address: Ash Road
c) Telephone Number: (804) 788-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/5/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/5/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604823

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1405	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 11:24:54	PC301 Scale 1	kimbo3		63260	1b
Out	03/05/2013 11:53:29	PC302 Scale2	kimbo3		32480	1b
					30780	1b
					Tons	15.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.39	Tons			VA
2	TPT-Transportation	100	15.39	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604826

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1492	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 11:38:30	PC301 Scale 1	kimbo3		64000	1b
Out	03/05/2013 11:59:31	PC302 Scale2	DW		32400	1b
					Net	31600 1b
					Tons	15.80

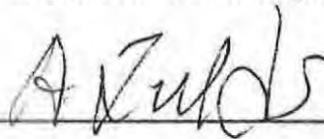
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.80	Tons				VA
2 TPT-Transportation	100	15.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1492

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A Fejk
b) Transporter's Address: 447 5th St
c) Telephone Number: ()
d) Vehicle License No./State: 279
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: A Fejk Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fejk Date of Receipt: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 35B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604828

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 41509 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1293
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	59860 lb
In	03/05/2013 11:42:41	PC301 Scale 1	kimbo3		Tare	27820 lb
Out	03/05/2013 12:01:36	PC301 Scale 2	DW		Net	32040 lb
					Tons	16.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.02	Tons				VA
2 TPT-Transportation	100	16.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604831

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 41185 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1487 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

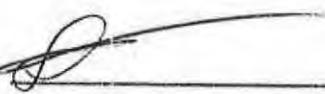
	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 11:53:56	PC301 Scale 1	DW		88360 lb	
Out	03/05/2013 12:19:18	PC302 Scale2	DW		36700 lb	
					Net	51660 lb
					Tons	25.83

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.83	Tons				VA
2 TPT-Transportation	100	25.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 

3WMM



SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604833

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1413	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 12:02:41	PC301 Scale 1	DW		Tare	69640 lb
Out	03/05/2013 12:22:10	PC302 Scale2	DW		Net	28020 lb
					Tons	41620 lb
						20.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.81	Tons				VA
2 TPT-Transportation	100	20.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Myers





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1413

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE:

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-239
 e) Trailer or Container No.: 187
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Morris 3-5-13
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type): Jim 3-5-13
 Signature of Driver Date of Receipt
 f) The material delivered by the transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____
 Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604839

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1358			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76240 lb
In	03/05/2013 12:24:32	PC301 Scale 1	DW		Tare	28300 lb
Out	03/05/2013 12:50:40	PC302 Scale2	kimbo3		Net	47940 lb
					Tons	23.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.97	Tons				VA
2 TPT-Transportation	100	23.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604842

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/05/2013 Vehicle# 274 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1307
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72280 lb
In	03/05/2013 12:36:51	PC301 Scale 1	kimbo3		Tare	32540 lb
Out	03/05/2013 12:54:24	PC302 Scale2	kimbo3		Net	39740 lb
					Tons	19.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.87	Tons				VA
2 TPT-Transportation	100	19.87	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604837

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	13390	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1454			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 12:21:23	PC301 Scale 1	DW			75160 lb
Out	03/05/2013 12:56:19	PC302 Scale2	kimbo3			27040 lb
					Net	48120 lb
					Tons	24.06

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.06	Tons				VA
2 TPT-Transportation	100	24.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

13390

1454

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13T19 13790
e) Trailer or Container No.: 4401 1169
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604841

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1478	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 12:31:49	PC301 Scale 1	DW		69700	1b
Out	03/05/2013 12:58:57	PC302 Scale2	kimbo3		28240	1b
					Net	41460 1b
					Tons	20.73

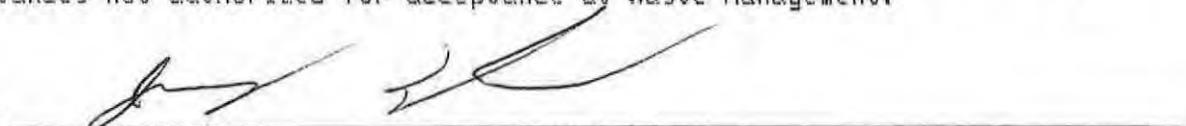
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.73	Tons				VA
2 TPT-Transportation	100	20.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604850

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1493			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71640 lb
In	03/05/2013 12:55:44	PC301 Scale 1	kimbo3		Tare	32480 lb
Out	03/05/2013 13:18:29	PC302 Scale2	kimbo3		Net	39160 lb
					Tons	19.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.58	Tons				VA
2 TPT-Transportation	100	19.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Jalds



NON-HAZARDOUS WASTE MANIFEST

219

Manifest No. 1493

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: A Field Truck
b) Transporter's Address:
c) Telephone Number: (447) 5783
d) Vehicle License No./State: 39-073
e) Trailer or Container No.: 219
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604851

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	41509	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1496			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	58360 lb
In	03/05/2013 12:57:49	PC301 Scale 1	kimbo3		Tare	27720 lb
Out	03/05/2013 13:22:36	PC302 Scale2	kimbo3		Net	30640 lb
					Tons	15.32

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.32	Tons				VA
2 TPT-Transportation	100	15.32	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Handwritten signature/initials

Manifest No. 1496

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George E Powers
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-5-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Kill 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604856

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1414			
Destination		Grid	P403	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68780 lb
In	03/05/2013 13:21:55	PC301 Scale 1	kimbo3		Tare	28120 lb
Out	03/05/2013 13:44:41	PC302 Scale2	kimbo3		Net	40660 lb
					Tons	20.33

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.33	Tons				VA
2 TPT-Transportation	100	20.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1414

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable: Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-239
 e) Trailer or Container No.: 187
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Mark 3-5-13
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) JWC 3-5-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604850

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1490			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69480 lb
In	03/05/2013 13:26:04	PC301 Scale 1	kimbo3		Tare	28080 lb
Out	03/05/2013 13:51:16	PC302 Scale2	kimbo3		Net	41400 lb
					Tons	20.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.70	Tons				VA
2 TPT-Transportation	100	20.70	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geray Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1490

203

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 3000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604861

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	ECR	
Ticket Date	03/05/2013		Vehicle#	274	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	1308				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	185-NAVFACMIDATLANTIC	NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 13:40:12	PC301 Scale 1	kimbo3			70580 lb
Out	03/05/2013 13:57:16	PC302 Scale 2	kimbo3		Tare	32120 lb
					Net	38460 lb
					Tons	19.23

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.23	Tons				VA
2 TPT-Transportation	100	19.23	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604854

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1481			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83140 lb
In	03/05/2013 13:20:12	PC301 Scale 1	kimbo3		Tare	33280 lb
Out	03/05/2013 13:59:22	PC302 Scale2	kimbo3		Net	49860 lb
					Tons	24.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.93	Tons				VA
2 TPT-Transportation	100	24.93	Tons				VA

Total Tax
 Total Ticket





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1481

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D W CARY
b) Transporter's Address: Ashland
c) Telephone Number: (804) 398-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/5/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/5/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604855

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1486			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73640 lb
In	03/05/2013 13:21:24	PC301 Scale 1	kimbo3		Tare	32480 lb
Out	03/05/2013 14:02:32	PC302 Scale2	kimbo3		Net	41160 lb
					Tons	20.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.58	Tons				VA
2 TPT-Transportation	100	20.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1486

Handwritten initials

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: D.W. Long Hauling
b) Transporter's Address: 11500 Fox Cross
c) Telephone Number: (804) 398-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Mailing
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 35-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604859

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 9740 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1498
 Destination Grid P4C3
 PQ 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	87100 lb
In	03/05/2013 13:28:26	PC301 Scale 1	kimbo3		Tare	36480 lb
Out	03/05/2013 14:04:57	PC302 Scale2	kimbo3		Net	50620 lb
					Tons	25.31

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.31	Tons			VA
2	TPT-Transportation	100	25.31	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1498

AMU

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16656 9A40
e) Trailer or Container No.:
f) Name of Driver: Shaun Meehan
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3/5/13
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3/5/13
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3513
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604862

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1405	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 13:43:51	PC301 Scale 1	kimbo3		Tare	69200 lb
Out	03/05/2013 14:07:20	PC302 Scale2	kimbo3		Net	27500 lb
					Tons	41700 lb
						20.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.85	Tons				VA
2 TPT-Transportation	100	20.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 141 1405

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY: Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt: 3-5-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604863

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1500			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 13:47:52	PC301 Scale 1	kimbo3		Tare	69220 lb 27860 lb
Out	03/05/2013 14:16:29	PC302 Scale2	kimbo3		Net	41360 lb
					Tons	20.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.68	Tons				VA
2 TPT-Transportation	100	20.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1500

089

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson Trucking
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16 221P
Trailer or Container No.: 3684
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-5
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-5

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) KIRK 3-5-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Telephone Number:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604068

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/05/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1455			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 13:58:35	PC301 Scale 1	kimbo3			68640 lb
Out	03/05/2013 14:20:39	PC302 Scale2	kimbo3			28540 lb
					Net	40100 lb
					Tons	20.05

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.05	Tons				VA
2 TPT-Transportation	100	20.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604870

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1494			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:10:52	PC301 Scale 1	kimbo3			72840 lb
Out	03/05/2013 14:33:20	PC302 Scale2	kimbo3			32500 lb
						40340 lb
						20.17

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.17	Tons				VA
2 TPT-Transportation	100	20.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Juel



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Handwritten initials

Manifest No. 1494

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: A Fields Trucking
b) Transporter's Address:
c) Telephone Number: () 447-5847
d) Vehicle License No./State: 39-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: A Fields Date of Receipt: 3-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: A Fields Date of Receipt: 3-5-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): AOC 3-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604872

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1497			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:14:57	PC301 Scale 1	kimbo3		58620 lb	
Out	03/05/2013 14:34:40	PC302 Scale2	kimbo3		20280 lb	
					Net	30340 lb
					Tons	15.17

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.17	Tons				VA
2 TPT-Transportation	100	15.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604879

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/05/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1309			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:44:51	PC301 Scale 1	kimbo3			63340 lb
Out	03/05/2013 15:09:42	PC302 Scale2	kimbo3		Tare	31660 lb
					Net	31680 lb
					Tons	15.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.84	Tons			VA
2	TPT-Transportation	100	15.84	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604077

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1491			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:43:12	PC301 Scale 1	kimbo3		Tare	68740 lb
Out	03/05/2013 15:24:15	PC302 Scale2	kimbo3		Net	28340 lb
					Tons	40400 lb
						20.20

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.20	Tons			VA
2	TPT-Transportation	100	20.20	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1491

Handwritten number 203

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: 1
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson Trucking
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16-219
Trailer or Container No.: 223
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-5-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): HOC 3-5-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604875

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 187 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1422
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:35:55	PC301 Scale 1	kimbo3		69480 lb	
Out	03/05/2013 15:26:30	PC302 Scale2	kimbo3		27440 lb	
					Net	42040 lb
					Tons	21.02

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.02	Tons				VA
2 TPT-Transportation	100	21.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mass





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1422

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE 101400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: TL-239

e) Trailer or Container No.: 187

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Martin 3-5-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) 3-5-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604886

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 141 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1110 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	63660 lb
In	03/05/2013 15:02:00	PC301 Scale 1	kimbo3		Tare	28200 lb
Out	03/05/2013 15:27:44	PC302 Scale2	kimbo3		Net	35460 lb
					Tons	17.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.73	Tons				VA
2 TPT-Transportation	100	17.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141 Manifest No. 1110

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

- j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, OP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 116238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604882

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/05/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1275	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72620 lb
In	03/05/2013 14:55:45	PC301 Scale 1	kimbo3		Tare	32340 lb
Out	03/05/2013 15:29:01	PC302 Scale2	kimbo3		Net	40280 lb
					Tons	20.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.14	Tons				VA
2 TPT-Transportation	100	20.14	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

28

1275

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. _____

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE 101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable: Both: _____ % Friable
 Non-Friable N/A _____ % non-Friable

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

n) Type of Containers: T R

_____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____

Signature of Generator's Authorized Agent _____

Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D. V. Cony Truck

b) Transporter's Address: 11520 Fox Cross

c) Telephone Number: (757) 358-4777

d) Vehicle License No./State: 35-334

e) Trailer or Container No.: _____

f) Name of Driver: D. V. Cony

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

[Signature] _____ 3-5-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

[Signature] _____ 3/5/13
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 35-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____

Signature of Operator's Authorized Agent _____

Date _____

f) Responsible Agency Name and Address: _____



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1482

Handwritten initials

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: DW CARY
b) Transporter's Address: ASHLAND
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604889

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/05/2013 Vehicle# 089 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest Copy
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	56480 lb
In	03/05/2013 15:16:50	PC301 Scale 1	kimbo3		Tare	27320 lb
Out	03/05/2013 16:03:48	PC302 Scale2	kimbo3		Net	29160 lb
					Tons	14.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.58	Tons				VA
2 TPT-Transportation	100	14.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604890

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1456	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	51740 lb
In	03/05/2013 15:18:05	PC301 Scale 1	kimbo3		Tare	26920 lb
Out	03/05/2013 16:06:02	PC302 Scale2	kimbo3		Net	24820 lb
					Tons	12.41

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.41	Tons				VA
2 TPT-Transportation	100	12.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604883

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/05/2013	Vehicle#	9740	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1499			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/05/2013 14:58:25	PC301 Scale 1	kimbo3		Tare	79440 lb
Out	03/05/2013 16:07:57	PC302 Scale2	kimbo3		Net	34900 lb
					Tons	44540 lb
						22.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.27	Tons				VA
2 TPT-Transportation	100	22.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

2740

Manifest No. 1499

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thomson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: No 656 9740
e) Trailer or Container No.:
f) Name of Driver: Sharon Macher
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3/5/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3/5/13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JDC 35-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604908

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/06/2013 Vehicle# 274 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1310 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	59700 lb
In	03/06/2013 07:36:52	PC301 Scale 1	kimbo3		Tare	31260 lb
Out	03/06/2013 08:01:51	PC302 Scale2	kimbo3		Net	28440 lb
					Tons	14.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.22	Tons			VA
2	TPT-Transportation	100	14.22	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604910

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1423			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 07:39:46	PC301 Scale 1	kimbo3			66540 lb
Out	03/06/2013 08:03:01	PC302 Scale2	kimbo3			27720 lb
					Net	38820 lb
					Tons	19.41

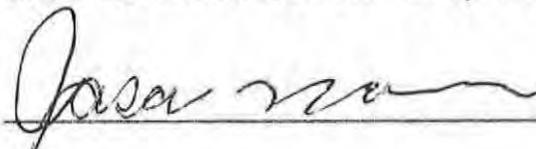
Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.41	Tons				VA
2 TPT-Transportation	100	19.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1423

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 16-239. Trailer or Container No.: 187. Name of Driver: [blank]. Warrant: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Mann 3-6-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Warrant: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [blank].

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Warrant: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-6-13. Warrant: The material delivered by the Transporter has been received at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604911

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1406	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 07:40:19	PC301 Scale 1	kimbo3			55460 lb
					Tare	27260 lb
Out	03/06/2013 08:04:27	PC302 Scale2	kimbo3		Net	28200 lb
					Tons	14.10

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.10	Tons				VA
2 TPT-Transportation	100	14.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1406

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, X Other, Load
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt: 3-6-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604912

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1182	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 07:44:14	PC301 Scale 1	kimbo3		58980 lb	
Out	03/06/2013 08:05:49	PC302 Scale2	kimbo3		27060 lb	
					Net	41920 lb
					Tons	20.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.96	Tons				VA
2 TPT-Transportation	100	20.96	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Larry Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1182

Handwritten number 203

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. Type of Containers: TR.

Table with 2 columns: Container Code and Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson Trucking. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 76-219. Trailer or Container No.: 223. Name of Driver: [blank]. Signature of Driver: Leroy Davis, Date of Receipt: 3-6-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank], Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank], Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature], Date of Receipt: 3-6-13.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604913

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1186			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 07:44:59	PC301 Scale 1	kimbo3		Tare	57980 lb
Out	03/06/2013 08:08:09	PC302 Scale2	kimbo3		Net	27020 lb
					Tons	30960 lb
						15.48

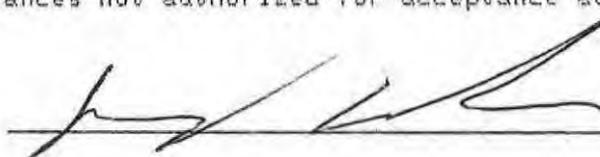
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.48	Tons				VA
2 TPT-Transportation	100	15.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1186

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604920

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1442			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 08:18:48	PC301 Scale 1	kimbo3		67380	lb
Out	03/06/2013 08:38:20	PC302 Scale2	kimbo3		27920	lb
					Net	39460 lb
					Tons	19.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.73	Tons			VA
2	TPT-Transportation	100	19.73	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 40401 1442

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604922

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	41185	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1443	Grid	P4C3	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 08:27:09	PC301 Scale 1	kimbo3			81980 lb
Out	03/06/2013 08:57:49	PC302 Scale2	kimbo3			35420 lb
					Net	46560 lb
					Tons	23.28

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.28	Tons				VA
2 TPT-Transportation	100	23.28	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1443

4175

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 6 56
e) Trailer or Container No.: 9740
f) Name of Driver: Shawn Placum
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3/6/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3/6/13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604923

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/06/2013 Vehicle# 19 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1483 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	73580 lb
In	03/06/2013 08:36:32	PC301 Scale 1	kimbo3		Tare	32960 lb
Out	03/06/2013 09:00:21	PC302 Scale2	kimbo3		Net	40620 lb
					Tons	20.31

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.31	Tons				VA
2 TPT-Transportation	100	20.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604924

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/06/2013 Vehicle# 28 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1427
 Destination Grid P4C3
 PQ 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72900 lb
In	03/06/2013 08:37:23	PC301 Scale 1	kimbo3		Tare	31900 lb
Out	03/06/2013 09:03:02	PC302 Scale2	kimbo3		Net	41000 lb
					Tons	20.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.50	Tons				VA
2 TPT-Transportation	100	20.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604926

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/06/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1318			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63220 lb
In	03/06/2013 08:53:41	PC301 Scale 1	kimbo3		Tare	31400 lb
Out	03/06/2013 09:12:35	PC302 Scale2	kimbo3		Net	31820 lb
					Tons	15.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.91	Tons				VA
2 TPT-Transportation	100	15.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604927

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/06/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1404			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 08:56:49	PC301 Scale 1	kimbo3			63800 lb
Out	03/06/2013 09:14:54	PC302 Scale2	kimbo3		Tare	35840 lb
					Net	27960 lb
					Tons	13.98

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	13.98	Tons			VA
2	TPT-Transportation	100	13.98	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604928

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1424	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 08:59:57	PC301 Scale 1	kimbo3		70360 lb	Tare
Out	03/06/2013 09:18:38	PC302 Scale2	kimbo3		28000 lb	Net
					42360 lb	Tons
					21.18	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.18	Tons			VA
2	TPT-Transportation	100	21.18	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604930

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1407	Grid	P4C3	
Destination				
OO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 09:06:03	PC301 Scale 1	kimbo3			70720 lb
Out	03/06/2013 09:23:07	PC302 Scale 2	kimbo3			27180 lb
					Net	43540 lb
					Tons	21.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.77	Tons				VA
2 TPT-Transportation	100	21.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1407

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: . Telephone Number: . Vehicle License No./State: 16239. Trailer or Container No.: 141. Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Transfer Facility's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: . Transporter's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-6-13. The material delivered by the transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: . Operator's Address: . Telephone Number: () . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1181

203

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable: N/A: % non-Friable

n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-6-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-6-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
Date of Receipt: 3-6-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604934

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1173			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	60380 lb
In	03/06/2013 09:11:38	PC301 Scale 1	kimbo3		Tare	26800 lb
Out	03/06/2013 09:31:47	PC302 Scale2	kimbo3		Net	41580 lb
					Tons	20.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.79	Tons			VA
2	TPT-Transportation	100	20.79	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1173

Handwritten initials 'OSR'

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: 1
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson Trucking
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16 22/P
Trailer or Container No.: 3089
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 36-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Telephone Number:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604938

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/06/2013	Vehicle#	40401	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1459			
Destination		Grid	R4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78900 lb
In	03/06/2013 09:34:04	PC301 Scale 1	kimbo3		Tare	28480 lb
Out	03/06/2013 10:00:38	PC302 Scale2	kimbo3		Net	50420 lb
					Tons	25.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.21	Tons				VA
2 TPT-Transportation	100	25.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1459

10401

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE:

				1	0	1	4	0	0
							V	A	

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

i) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 13119

e) Trailer or Container No.: 40401

f) Name of Driver: Kevin Silver

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt 3-6-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt 3-6-13

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): DOC 36-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604942

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/06/2013	Vehicle#	41185	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1928	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	86560 lb
In	03/06/2013 09:52:57	PC301 Scale 1	kimbo3		Tare	35340 lb
Out	03/06/2013 10:19:51	PC302 Scale2	kimbo3		Net	51220 lb
					Tons	25.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.61	Tons				VA
2 TPT-Transportation	100	25.61	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604947

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/06/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1429			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 10:02:10	PC301 Scale 1	kimbo3			73720 lb
Out	03/06/2013 10:26:44	PC302 Scale2	kimbo3		Tare	31700 lb
					Net	42020 lb
					Tons	21.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.01	Tons				VA
2 TPT-Transportation	100	21.01	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1429

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: D W Cony Harley
b) Transporter's Address: 11520 Fox Cross
c) Telephone Number: (804) 798-3477
d) Vehicle License No./State: 35-338
e) Trailer or Container No.:
f) Name of Driver: D L Melling
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604949

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/06/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1924	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 10:06:18	PC301 Scale 1	kimbo3		Tare	82680 lb
Out	03/06/2013 10:28:25	PC302 Scale2	kimbo3		Net	33080 lb
					Tons	49600 lb
						24.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.80	Tons			VA
2	TPT-Transportation	100	24.80	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

19

Manifest No. 1924

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: CA-4
b) Transporter's Address: Ashland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 24-161 VA
e) Trailer or Container No.: 19
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 604950

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/06/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1973			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 10:07:01	PC301 Scale 1	kimbo3			65560 lb
Out	03/06/2013 10:31:12	PC302 Scale2	kimbo3		Tare	31220 lb
					Net	34340 lb
					Tons	17.17

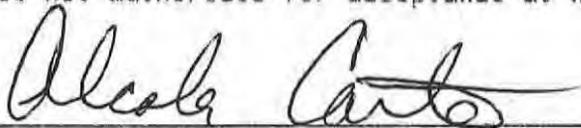
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.17	Tons				VA
2 TPT-Transportation	100	17.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Handwritten initials 'ZM'

Manifest No. 1973

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: ECR
Transporter's Address:
Telephone Number: ()
Vehicle License No./State: D153557
Trailer or Container No.: 274
Name of Driver:
Signature of Driver: Alcala Cort Date of Receipt: 3-6-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 968-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): Hill Date of Receipt: 3-6-13

SECTION 6 ASBESTOS (operator to complete)

Operator's Name:
Operator's Address:
Telephone Number: ()
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604953

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/06/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1964			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	64360 lb
In	03/06/2013 10:14:43	PC301 Scale 1	kimbo3		Tare	36820 lb
Out	03/06/2013 10:32:37	PC302 Scale2	kimbo3		Net	27540 lb
					Tons	13.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.77	Tons				VA
2 TPT-Transportation	100	13.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1964

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: F. City
b) Transporter's Address: Bellwood Rd
c) Telephone Number: (804) 328-1149
d) Vehicle License No./State:
e) Trailer or Container No.: #282
f) Name of Driver: Schuyler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 604954

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/06/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1425			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/06/2013 10:19:09	PC301 Scale 1	kimbo3		Tare	58100 lb
Out	03/06/2013 10:34:12	PC302 Scale2	kimbo3		Net	27660 lb
					Tons	30440 lb
						15.22

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.22	Tons				VA
2 TPT-Transportation	100	15.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maus



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1425

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 11-239
e) Trailer or Container No.: 187
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Jason Moore Date of Receipt: 3-6-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605000

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/08/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1974	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:39:14	PC301 Scale 1	kimbo3			61900 lb
Out	03/08/2013 07:56:29	PC302 Scale 2	kimbo3			31300 lb
					Net	30600 lb
					Tons	15.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.34	Tons				VA
2 TPT-Transportation	100	15.34	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 23WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605082

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	
Ticket Date	03/08/2013	Vehicle#	279	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1495			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:40:29	PC301 Scale 1	kimbo3			61400 lb
Out	03/08/2013 08:05:42	PC302 Scale2	kimbo3		Tare	33260 lb
					Net	28140 lb
					Tons	14.07

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.07	Tons				VA
2 TPT-Transportation	100	14.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. J. [Signature]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605084

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1409			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:41:30	PC301 Scale 1	kimbo3		26800	lb
Out	03/08/2013 08:10:49	PC302 Scale2	kimbo3		39400	lb
					Tare	26800
					Net	39400
					Tons	19.70

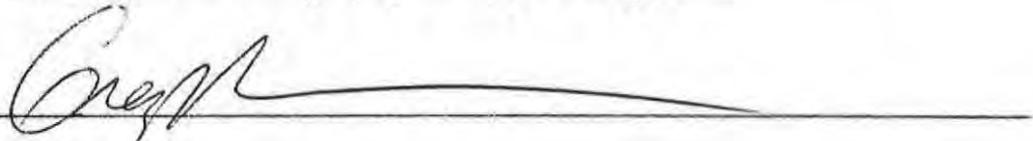
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.70	Tons				VA
2 TPT-Transportation	100	19.70	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605086

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1174			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:46:18	PC301 Scale 1	kimbo3			68120 lb
					Tare	27000 lb
Out	03/08/2013 08:14:11	PC302 Scale2	kimbo3		Net	41120 lb
					Tons	20.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.56	Tons				VA
2 TPT-Transportation	100	20.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1174

089

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Type, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 201P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605099

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/08/2013 Vehicle# 142 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1370
 Destination Grid P4C3
 PD 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	66880 lb*
In	03/08/2013 08:17:36	PC302 Scale 1	kimbo3		Tare	26440 lb
Out	03/08/2013 08:17:44	PC302 Scale2	kimbo3		Net	40440 lb
					Tons	20.22

Comments manual gross due to weighed wrong truck out

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.22	Tons				VA
2 TPT-Transportation	100	20.22	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Duck Watts





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1370

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Truck
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 254P
e) Trailer or Container No.: 143
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Keith Watts Date of Receipt: 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Keith Watts Date of Receipt: 3-8-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605088

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1183			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:49:10	PC301 Scale 1	kimbo3		69160	lb
Out	03/08/2013 08:19:35	PC302 Scale2	kimbo3		27100	lb
					42060	lb
						21.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.03	Tons			VA
2	TPT-Transportation	100	21.03	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605085

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1360	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 07:42:34	PC301 Scale 1	kimbo3			68800 lb
Out	03/08/2013 08:21:41	PC302 Scale2	kimbo3			25800 lb
					Net	43000 lb
					Tons	21.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.50	Tons				VA
2 TPT-Transportation	100	21.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605092

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	150	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1869			
Destination		Grid	P403	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 08:03:34	PC301 Scale 1	kimbo3		Tare	60060 lb
Out	03/08/2013 08:32:48	PC302 Scale2	kimbo3		Net	26960 lb
					Tons	41100 lb
						20.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.55	Tons				VA
2 TPT-Transportation	100	20.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

E. Cook



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

160

Manifest No. 1869

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: Telephone: 54-0610. Vehicle License No./State: 160. Name of Driver: Chris Col. Signature of Driver: Chris Col. Date of Receipt: 3-5-13.

SECTION 3 TRANSFER FACILITY (complete if applicable)

Transfer Facility's Name: Address: Telephone: Vehicle License No./State: Trailer or Container No.: Name of Driver: Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: Address: Telephone: Vehicle License No./State: Trailer or Container No.: Name of Driver: Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: Address: Telephone Number: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605093

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1176			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66840 lb
In	03/08/2013 08:06:51	PC301 Scale 1	kimbo3		Tare	27620 lb
Out	03/08/2013 08:37:02	PC302 Scale2	kimbo3		Net	39220 lb
					Tons	19.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.61	Tons				VA
2 TPT-Transportation	100	19.61	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605096

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	9740	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1929			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75100 lb
In	03/08/2013 08:12:14	PC301 Scale 1	kimbo3		Tare	35700 lb
Out	03/08/2013 08:42:12	PC302 Scale2	kimbo3		Net	39320 lb
					Tons	19.66

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.66	Tons				VA
2 TPT-Transportation	100	19.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

9740

1929

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Code: 101 400VA. Common Name: Dredge Sediment. Disposal Volume: One (1). Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

Transporter 1: Thompson, 16656, 9740, Jenna Meehan, 3/8/13. Transfer Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, 3/8/13.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

Transporter 2: (blank). Destination: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, Same as Above, 3/8/13.

SECTION 6

ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, and Certification information.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605095

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1925			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 08:10:07	PC301 Scale 1	kimbo3		Tare	81640 lb 32060 lb
Out	03/08/2013 08:44:52	PC302 Scale2	kimbo3		Net	49580 lb
					Tons	24.79

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.79	Tons				VA
2 TPT-Transportation	100	24.79	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

K Anderson



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

29

Manifest No. 1925

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: DWCAV. Address: Ashland. Telephone Number: (804) 798-4777. Vehicle License No./State: 35-375 VA. Trailer or Container No.: 29. Name of Driver: K. Anderson. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: K Anderson Date of Receipt: 3/8/13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: K Anderson Date of Receipt: 3/8/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 38-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: Date of Receipt: The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: c) Telephone Number: b) Operator's Address: d) Recommended special handling instructions and additional information: e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605100

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1428			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 08:19:06	PC301 Scale 1	kimbo3		Tare	75420 lb 32040 lb
Out	03/08/2013 08:46:44	PC302 Scale2	kimbo3		Net	43380 lb
					Tons	21.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.69	Tons				VA
2 TPT-Transportation	100	21.69	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1428

28

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D W Cary Hawks
b) Transporter's Address: 11520 Lee Cross Rd
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Malloy
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605101

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1872			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 08:21:14	PC301 Scale 1	kimbo3		Tare	66340 lb
Out	03/08/2013 08:58:52	PC302 Scale2	kimbo3		Net	29100 lb
					Tons	37240 lb
						18.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.62	Tons				VA
2 TPT-Transportation	100	18.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Ruth



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1872

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 1S 119
e) Trailer or Container No.: 46101
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Rusty Date of Receipt: 4-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Rusty Date of Receipt: 4-8-13

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KDC 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605083

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1426			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66740 lb
In	03/08/2013 07:40:58	PC301 Scale 1	kimbo3		Tare	26700 lb*
Out	03/08/2013 08:27:19	PC302 Scale2	kimbo3		Net	40040 lb
					Tons	20.02

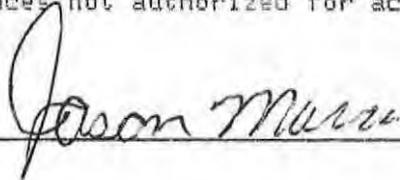
Comments manual tare due to weighed this out on wrong truck

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.02	Tons				VA
2 TPT-Transportation	100	20.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1426

192

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Jason M... Date of Receipt 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 38B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605109

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/08/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1866			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 08:46:20	PC301 Scale 1	kimbo3			60600 lb
Out	03/08/2013 09:06:24	PC302 Scale2	kimbo3			31240 lb
					Net	29360 lb
					Tons	14.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.68	Tons				VA
2 TPT-Transportation	100	14.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

214

Manifest No. 1866

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 214
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605113

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/08/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1875	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:00:50	PC301 Scale 1	kimbo3		Tare	63120 lb 32640 lb
Out	03/08/2013 09:21:55	PC302 Scale2	kimbo3		Net	30480 lb
					Tons	15.24

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.24	Tons				VA
2 TPT-Transportation	100	15.24	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Handwritten signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605115

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1431			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:04:05	PC301 Scale 1	kimbo3			66340 lb
Out	03/08/2013 09:25:03	PC302 Scale2	kimbo3			27020 lb
					Net	39320 lb
					Tons	19.66

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.66	Tons				VA
2 TPT-Transportation	100	19.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mauer



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605116

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1408			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:05:49	PC301 Scale 1	kimbo3		Tare	64740 lb
Out	03/08/2013 09:26:35	PC302 Scale2	kimbo3		Net	26700 lb
					Tons	38040 lb
						19.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.02	Tons				VA
2 TPT-Transportation	100	19.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605117

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1175			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:09:57	PC301 Scale 1	kimbo3		63100	lb
					Tare	27300 lb
Out	03/08/2013 09:28:18	PC302 Scale2	kimbo3		Net	35800 lb
					Tons	17.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.94	Tons				VA
2 TPT-Transportation	100	17.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

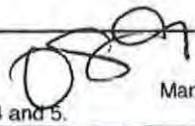


WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1175



SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 2218
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-8
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-8

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605121

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1868			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:21:21	PC301 Scale 1	kimbo3			67820 lb
Out	03/08/2013 09:52:20	PC302 Scale2	kimbo3		Tare	26600 lb
					Net	41220 lb
					Tons	20.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.61	Tons				VA
2 TPT-Transportation	100	20.61	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature

Kerth Watts



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605122

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1361	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:27:53	PC301 Scale 1	kimbo3		53240 lb	Tare
Out	03/08/2013 09:54:26	PC302 Scale2	kimbo3		26380 lb	Net
					36860 lb	Tons
					18.43	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.43	Tons				VA
2 TPT-Transportation	100	18.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

109

Manifest No. 135

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable; Both; % Friable
 Non-Friable N/A % non-Friable

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

____ Tons ____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-188P

e) Trailer or Container No.: 199

f) Name of Driver: JAMES HARVEY

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver: James Harvey Date of Receipt: 3-8-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver: James Harvey Date of Receipt: 3-8-13

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) Kull 3-8-13

f) The material delivered by the Transporter has been received at the Disposal Facility

Signature of Driver: James Harvey Date of Receipt: 3-8-13

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605123

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1184			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:30:57	PC301 Scale 1	kimbo3		Tare	62100 lb 27320 lb
Out	03/08/2013 09:55:48	PC302 Scale2	kimbo3		Net	34780 lb
					Tons	17.39

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.39	Tons				VA
2 TPT-Transportation	100	17.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geroy Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1184

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BE - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-219
 e) Trailer or Container No.: 223
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: Leroy Davis Date of Receipt: 3-8-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver: Leroy Davis Date of Receipt: 3-8-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: _____ Date of Receipt: _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver: _____ Date of Receipt: _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: _____ Date of Receipt: _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver: _____ Date of Receipt: _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type): KOE 3-8-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver: _____ Date of Receipt: _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver: _____ Date of Receipt: _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605124

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1879			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:31:34	PC301 Scale 1	kimbo3		Tare	57260 lb
Out	03/08/2013 09:57:20	PC302 Scale2	kimbo3		Net	27600 lb
					Tons	29660 lb
						14.83

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.83	Tons				VA
2 TPT-Transportation	100	14.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Drawer's Signature

M. Cook



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1879

1600

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable/Non-Friable/Both/N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows include TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54-061A
e) Trailer or Container No.:
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605125

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1877			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:37:54	PC301 Scale 1	kimbo3		Tare	63800 lb
Out	03/08/2013 10:02:32	PC302 Scale2	kimbo3		Net	28220 lb
					Tons	35580 lb
						17.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.79	Tons				VA
2 TPT-Transportation	100	17.79	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

187

Manifest No. 1877

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-239P
e) Trailer or Container No.: 239P 3187
f) Name of Driver: TERRY ROBERTSON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Terry Robertson Date of Receipt: 3/8/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KAC 38-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605126

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	9740	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1930			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 09:38:46	PC301 Scale 1	kimbo3		Tare	72680 lb 35740 lb
Out	03/08/2013 10:05:39	PC302 Scale2	kimbo3		Net	36940 lb
					Tons	18.47

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.47	Tons				VA
2 TPT-Transportation	100	18.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



NON-HAZARDOUS WASTE MANIFEST

9740

Manifest No. 1930

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 10650. Trailer or Container No.: 9740. Name of Driver: Shawn Macher. Date of Receipt: 3/8/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-8-13. Date of Receipt: [blank].

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 505128

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1870			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75060 lb
In	03/08/2013 09:45:56	PC301 Scale 1	kimbo3		Tare	32060 lb
Out	03/08/2013 10:18:35	PC302 Scale2	kimbo3		Net	43000 lb
					Tons	21.50

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.50	Tons			VA
2	TPT-Transportation	100	21.50	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1870

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: DW CARP
b) Transporter's Address: Ashland
c) Telephone Number: (804) 298 4227
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOO S.B.
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605129

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier Cary
 Ticket Date 03/08/2013 Vehicle# 28 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1873
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71700 lb
In	03/08/2013 09:47:41	PC301 Scale 1	kimbo3		Tare	32200 lb
Out	03/08/2013 10:20:14	PC302 Scale2	kimbo3		Net	39500 lb
					Tons	19.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.75	Tons				VA
2 TPT-Transportation	100	19.75	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605132

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/08/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1874			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 10:03:54	PC301 Scale 1	kimbo3			58400 lb
					Tare	31200 lb
Out	03/08/2013 10:25:40	PC302 Scale2	kimbo3		Net	27200 lb
					Tons	13.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.60	Tons				VA
2 TPT-Transportation	100	13.60	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

274 Manifest No. 1874

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 8 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-8-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt 3-8-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605131

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1882	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61280 lb
In	03/08/2013 10:01:39	PC301 Scale 1	kimbo3		Tare	28820 lb
Out	03/08/2013 10:31:38	PC302 Scale2	kimbo3		Net	32460 lb
					Tons	16.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.23	Tons			VA
2	TPT-Transportation	100	16.23	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Rivete*





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1882

40101

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
- c) Generator's Representative: Bryan Peed
- d) Telephone Number: (757) 341-0480
- e) WASTE MANAGEMENT APPROVAL CODE
- f) Common Name of Waste: Dredge Sediment
- g) Description of Waste: Same as Above
- h) Disposal Volume: One (1)
_____ Tons _____ Cubic Yards Other Load

- j) Generating Location (Name): Same
- k) Address: Same
- l) Telephone Number: () Same

- m) Asbestos ONLY - Friable, Both, _____ % Friable
 Non-Friable N/A _____ % non-Friable

- n) Type of Containers: **T R**
- | TYPE OF CONTAINERS | |
|--------------------|---------------------|
| TR | Truck |
| DM | Metal Drum |
| DP | Plastic Drum |
| BA | Bag |
| BB | 6 mil. Plastic Bag |
| BC | 12 mil. Plastic Bag |

i) Number of Containers: _____
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: 13119
- e) Trailer or Container No.: 40101
- f) Name of Driver: Rusty
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Rusty Date of Receipt 3-8-13
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Rusty Date of Receipt 3-8-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
- b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
- c) Telephone Number: (804) 966-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type) ROC 3813
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

- f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605134

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/08/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1884			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 10:13:43	PC301 Scale 1	kimbo3			61200 lb
Out	03/08/2013 10:37:35	PC302 Scale2	kimbo3			32780 lb
					Net	28420 lb
					Tons	14.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.21	Tons				VA
2 TPT-Transportation	100	14.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1884

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: H Fields
b) Transporter's Address:
c) Telephone Number: () 457-5763
d) Vehicle License No./State:
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: H Fields Date of Receipt: 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: H Fields Date of Receipt: 3-8-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): J.C. 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605136

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1432	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	60900 lb
In	03/08/2013 10:25:18	PC301 Scale 1	kimbo3		Tare	27140 lb
Out	03/08/2013 10:44:06	PC302 Scale2	kimbo3		Net	33760 lb
					Tons	16.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.88	Tons			VA
2	TPT-Transportation	100	16.88	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mauri



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605137

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1410	Grid	P4C3	
Destination				
PC	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 10:26:46	PC301 Scale 1	kimbo3			68220 lb
Out	03/08/2013 10:46:39	PC302 Scale2	kimbo3			27280 lb
					Net	40940 lb
					Tons	20.47

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.47	Tons				VA
2 TPT-Transportation	100	20.47	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605139

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1886			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 10:36:50	PC301 Scale 1	kimbo3		64020	1b
Out	03/08/2013 11:04:14	PC302 Scale2	kimbo3		27280	1b
					Net	36740 1b
					Tons	18.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.37	Tons				VA
2 TPT-Transportation	100	18.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605144

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1876			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57840 lb
In	03/08/2013 10:57:00	PC301 Scale 1	kimbo3		Tare	27160 lb
Out	03/08/2013 11:30:25	PC302 Scale2	kimbo3		Net	30680 lb
					Tons	15.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.34	Tons			VA
2	TPT-Transportation	100	15.34	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1876

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson LLC
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-254 P
e) Trailer or Container No.: 142
f) Name of Driver: KETH WATTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Keith Watts Date of Receipt: 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Keith Watts Date of Receipt: 3-8-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Keith Watts
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605145

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1080			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 10:57:42	PC301 Scale 1	kimbo3			65320 lb
					Tare	27280 lb
Out	03/08/2013 11:32:25	PC302 Scale2	kimbo3		Net	38040 lb
					Tons	19.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.02	Tons			VA
2	TPT-Transportation	100	19.02	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
401WMM

J.R. Harvey



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1880

101

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable; Both; % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver James Harvey Date of Receipt 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver James Harvey Date of Receipt 3-8-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JH 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver James Harvey Date of Receipt 3-8-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605146

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1185			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:00:55	PC301 Scale 1	kimbo3			60360 lb
					Tare	27680 lb
Out	03/08/2013 11:33:58	PC302 Scale2	kimbo3		Net	32680 lb
					Tons	16.34

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.34	Tons				VA
2 TPT-Transportation	100	16.34	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dennis Davis



NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1185

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-8-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 8-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605148

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	150	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1893	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:14:34	PC301 Scale 1	kimbo3		52580	lb
Out	03/08/2013 11:39:06	PC302 Scale2	kimbo3		28260	lb
					Net	24320 lb
					Tons	12.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.16	Tons				VA
2 TPT-Transportation	100	12.16	Tons				VA

Total Tax
 Total Ticket

C-Coll



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1893

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone Number: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: Thompson. Address: . Telephone Number: . Vehicle License No./State: 54-061 P. Trailer or Container No.: 110. Name of Driver: Chris Cook. Signature of Driver: Chris Cook Date of Receipt: 3-8-13.

Transfer Facility's Name: . Address: . Telephone Number: . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Signature of Driver: . Date of Receipt: .

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: . Address: . Telephone Number: . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Signature of Driver: . Date of Receipt: .

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): ROC 3-8-13. Signature of Driver: . Date of Receipt: .

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: . Address: . Telephone Number: . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Signature of Operator's Authorized Agent: . Date: . Responsible Agency Name and Address: .



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605149

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1888			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	50740 lb
In	03/08/2013 11:15:46	PC301 Scale 1	kimbo3		Tare	28360 lb
Out	03/08/2013 11:43:49	PC302 Scale2	kimbo3		Net	22380 lb
					Tons	11.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.19	Tons				VA
2 TPT-Transportation	100	11.19	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Tom Roberts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1888

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 76-239P
e) Trailer or Container No.: H-239P 157
f) Name of Driver: TERRY ROBERTSON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Terry Robertson Date of Receipt: 3/8/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 38-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

1) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605157

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/08/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1883			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:40:14	PC301 Scale 1	kimbo3			59920 lb
Out	03/08/2013 11:57:21	PC302 Scale2	DW		Tare	31660 lb
					Net	28260 lb
					Tons	14.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.13	Tons				VA
2 TPT-Transportation	100	14.13	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605151

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	9740	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	187B			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:19:20	PC301 Scale 1	kimbo3			66220 lb
					Tare	36620 lb
Out	03/08/2013 11:52:23	PC301 Scale 2	DW		Net	29600 lb
					Tons	14.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.80	Tons				VA
2 TPT-Transportation	100	14.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WMA






NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1878

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: Va 66256
e) Trailer or Container No.: 4740
f) Name of Driver: Steven Mchen
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3/8/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3/8/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KO 38-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605160

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1885			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	50700 lb
In	03/08/2013 11:53:12	PC301 Scale 1	DW		Tare	33260 lb
Out	03/08/2013 12:12:59	PC302 Scale2	DW		Net	17440 lb
					Tons	8.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	8.72	Tons				VA
2 TPT-Transportation	100	8.72	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605162

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1433			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:56:51	PC301 Scale 1	DW			53040 lb
Out	03/08/2013 12:19:15	PC302 Scale2	DW		Tare	27960 lb
					Net	25080 lb
					Tons	12.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.54	Tons				VA
2 TPT-Transportation	100	12.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605164

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1411	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:59:40	PC301 Scale 1	DW			50320 lb
Out	03/08/2013 12:20:36	PC302 Scale2	DW		Tare	27540 lb
					Net	22780 lb
					Tons	11.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.39	Tons				VA
2 TPT-Transportation	100	11.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WMM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605154

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1896			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

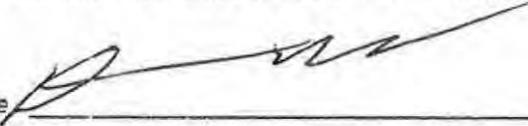
	Time	Scale	Operator	Inbound	Gross	57440 lb
In	03/08/2013 11:31:50	PC301 Scale 1	kimbo3		Tare	32320 lb
Out	03/08/2013 12:14:23	PC302 Scale 2	DW		Net	25120 lb
					Tons	12.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.56	Tons				VA
2 TPT-Transportation	100	12.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 

403WM



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605153

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1881	Grid	P4C3	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 11:29:51	PC301 Scale 1	kimbo3		56520	lb
Out	03/08/2013 12:15:11	PC302 Scale2	DW		Tare	32100 lb
					Net	24420 lb
					Tons	12.21

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.21	Tons				VA
2 TPT-Transportation	100	12.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1896

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: D W Corp Hauler
b) Transporter's Address: 11520 Lee Cross
c) Telephone Number: (804) 288-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. ...
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 605165

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1899			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 12:06:39	PC301 Scale 1	DW		59700 lb	
Out	03/08/2013 12:45:56	PC302 Scale2	kimbo3		30140 lb	
					Net	29560 lb
					Tare	14.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.78	Tons				VA
2 TPT-Transportation	100	14.78	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

R. [Signature]





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605166

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1887			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59220 lb
In	03/08/2013 12:07:21	PC301 Scale 1	DW		Tare	27740 lb
Out	03/08/2013 12:47:12	PC302 Scale2	kimbo3		Net	31480 lb
					Tons	15.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.74	Tons			VA
2	TPT-Transportation	100	15.74	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089 Manifest No. 1887

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (767) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-8
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-8

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605174

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1894			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 12:41:39	PC301 Scale 1	kimbo3		64520 lb	
Out	03/08/2013 13:07:04	PC302 Scale2	kimbo3		28440 lb	
					Net	36080 lb
					Tons	18.04

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.04	Tons				VA
2 TPT-Transportation	100	18.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

187

Manifest No. 1894

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-239 P
e) Trailer or Container No.: 3187
f) Name of Driver: TERRY ROBERTSON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-8-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605173

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1902			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 12:40:39	PC301 Scale 1	kimbo3		69240	1b
Out	03/08/2013 13:15:36	PC302 Scale2	kimbo3		28460	1b
					Net	40780 1b
					Tons	20.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.39	Tons				VA
2 TPT-Transportation	100	20.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

P. Codi



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1902

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

1602

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone Number: (757) 341-0480. WASTE MANAGEMENT APPROVAL CODE: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Tons. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: . Telephone Number: () . Vehicle License No./State: 54-061P. Trailer or Container No.: 1100. Name of Driver: Chris Cook. Signature of Driver: Chris Cook. Date of Receipt: 3-8-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Signature of Driver: . Date of Receipt: .

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: . Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Signature of Driver: . Date of Receipt: .

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): JAC 3-8-13. Signature of Driver: . Date of Receipt: .

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: . Address: . Telephone Number: () . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Signature of Operator's Authorized Agent: . Date: .

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605175

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1890			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 12:49:28	PC301 Scale 1	kimbo3		Tare	56660 lb
Out	03/08/2013 13:19:02	PC302 Scale2	kimbo3		Net	26600 lb
					Tons	30060 lb
						15.03

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.03	Tons				VA
2 TPT-Transportation	100	15.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dredger's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605176

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/08/2013		Vehicle#	142	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	1889				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2				

	Time	Scale	Operator	Inbound	Gross	54160 lb
In	03/08/2013 12:54:32	PC301 Scale 1	kimbo3		Tare	26980 lb
Out	03/08/2013 13:21:39	PC302 Scale2	kimbo3		Net	27180 lb
					Tons	13.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.59	Tons				VA
2 TPT-Transportation	100	13.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts

413WMM

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605177

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1891			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 12:55:14	PC301 Scale 1	kimbo3		53260	lb
Out	03/08/2013 13:23:57	PC302 Scale2	kimbo3		27700	lb
					Net	25480 lb
					Tons	12.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.74	Tons				VA
2 TPT-Transportation	100	12.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature

Teroy Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605179

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	9740	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1097			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:03:32	PC301 Scale 1	kimbo3			62120 1b
					Tare	37600 1b
Out	03/08/2013 13:26:45	PC302 Scale2	kimbo3		Net	24520 1b
					Tons	12.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.26	Tons				VA
2 TPT-Transportation	100	12.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605180

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/08/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1898			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:08:42	PC301 Scale 1	kimbo3			62300 lb
					Tare	31440 lb
Out	03/08/2013 13:30:14	PC302 Scale2	kimbo3		Net	30860 lb
					Tons	15.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.43	Tons				VA
2 TPT-Transportation	100	15.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

274

1898

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: ECK
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605182

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/08/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1900			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:12:08	PC301 Scale 1	kimbo3		Tare	63360 lb
Out	03/08/2013 13:40:44	PC302 Scale2	kimbo3		Net	33160 lb
					Tons	15.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.10	Tons				VA
2 TPT-Transportation	100	15.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

A Judds



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605183

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1434			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	57920 lb
03/08/2013	13:23:11	PC301 Scale 1	kimbo3		Tare	27460 lb
Out	03/08/2013	13:46:32	PC302 Scale2		Net	30460 lb
					Tons	15.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.23	Tons				VA
2 TPT-Transportation	100	15.23	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason March



NON-HAZARDOUS WASTE MANIFEST

192 Manifest No. 1434

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE: 101 400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable. Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-272

e) Trailer or Container No.: 192

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Marsh 3-8-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) 3-8-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 605185

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1412			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:28:11	PC301 Scale 1	kimbo3		Tare	68820 lb
Out	03/08/2013 13:48:45	PC302 Scale2	kimbo3		Net	27680 lb
					Tons	41140 lb
						20.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.57	Tons				VA
2 TPT-Transportation	100	20.57	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Needham's Signature

6



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1412

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16228
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605191

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1910			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:48:06	PC301 Scale 1	kimbo3		Tare	70420 lb 30600 lb
Out	03/08/2013 14:18:31	PC302 Scale2	kimbo3		Net	39820 lb
					Tons	19.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.91	Tons				VA
2 TPT-Transportation	100	19.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605186

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/08/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1895			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:36:44	PC301 Scale 1	kimbo3		82900	1b
Out	03/08/2013 14:29:35	PC302 Scale2	kimbo3		32500	1b
					Net	50400
					Tons	25.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.20	Tons				VA
2 TPT-Transportation	100	25.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605187

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	Gary	Volume
Ticket Date	03/08/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1908			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:37:21	PC301 Scale 1	kimbo3		Tare	71960 lb
Out	03/08/2013 14:31:12	PC302 Scale2	kimbo3		Net	31960 lb
					Tons	40000 lb
						20.00

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.00	Tons				VA
2 TPT-Transportation	100	20.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605190

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/08/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1901			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/08/2013 13:41:57	PC301 Scale 1	kimbo3		Tare	68920 lb
Out	03/08/2013 14:33:16	PC302 Scale2	kimbo3		Net	27200 lb
					Tons	41720 lb
						20.86

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.86	Tons				VA
2 TPT-Transportation	100	20.86	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1901

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-221P
e) Trailer or Container No.: 3689
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605213

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/11/2013 Vehicle# 274 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1907
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	55660 lb
In	03/11/2013 07:36:21	PC301 Scale 1	kimbo3		Tare	31800 lb
Out	03/11/2013 07:55:51	PC302 Scale2	kimbo3		Net	23860 lb
					Tons	11.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.93	Tons				VA
2 TPT-Transportation	100	11.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1907

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

2M

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE: 101400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: ECR

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: P153857

e) Trailer or Container No.: 279

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] 3-16-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
[Signature] 3-11-13
 Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

 Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

 Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-16-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605214

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1814			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	53140 lb
In	03/11/2013 07:46:34	PC301 Scale 1	kimbo3		Tare	26720 lb
Out	03/11/2013 08:08:46	PC302 Scale2	kimbo3		Net	36420 lb
					Tons	18.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.21	Tons				VA
2 TPT-Transportation	100	18.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

C. Cook



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1814

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 84-066 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605217

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1435	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	64380 lb
In	03/11/2013 07:50:38	PC301 Scale 1	kimbo3		Tare	26360 lb
Out	03/11/2013 08:10:16	PC302 Scale2	kimbo3		Net	38020 lb
					Tons	19.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.01	Tons				VA
2 TPT-Transportation	100	19.01	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Waste Management's Signature

Jason Manis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1435

102

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 142
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Jason Mann Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Kille 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605216

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1934			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 07:48:04	PC301 Scale 1	kimbo3		63060 lb	
Out	03/11/2013 08:11:51	PC302 Scale2	kimbo3		26080 lb	
					Net	36980 lb
					Tons	18.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.49	Tons				VA
2 TPT-Transportation	100	18.49	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605215

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1904			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 07:47:14	PC301 Scale 1	kimbo3		Tare	59960 lb
Out	03/11/2013 08:14:04	PC302 Scale2	kimbo3		Net	26140 lb
					Tons	33820 lb
						16.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.91	Tons				VA
2 TPT-Transportation	100	16.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1904

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-198P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-11-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): MOC 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-11-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605219

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	166	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1903			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 07:59:52	PC301 Scale 1	kimbo3			68020 lb
Out	03/11/2013 08:21:40	PC302 Scale2	kimbo3			27020 lb
					Net	41000 lb
					Tons	20.50

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.50	Tons				VA
2 TPT-Transportation	100	20.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

166 Manifest No. 166

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
- c) Generator's Representative: Bryan Peed
- d) Telephone Number: (757) 341-0480
- e) WASTE MANAGEMENT APPROVAL CODE:

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101400VA
- f) Common Name of Waste: Dredge Sediment
- g) Description of Waste: Same as Above
- h) Disposal Volume: One (1)
Tons Cubic Yards Other Load
- i) Number of Containers: _____
- j) Generating Location (Name): Same
- k) Address: Same
- l) Telephone Number: () Same
- m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: 16-234P
- e) Trailer or Container No.: 3166
- f) Name of Driver: TERRY ROBERTSON
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Terry Robertson 3/11/13
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
- b) Physical Address: 8000 Chambers Rd, Charles City, VA 23080
- c) Telephone Number: (804) 966-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type): File 3-11-13
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605222

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1909			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 08:04:34	PC301 Scale 1	kimbo3		Tare	68300 lb
Out	03/11/2013 08:28:55	PC302 Scale2	kimbo3		Net	26760 lb
					Tons	41540 lb
						20.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.77	Tons				VA
2 TPT-Transportation	100	20.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. _____

089

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**

b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**

c) Generator's Representative: **Bryan Peed**

d) Telephone Number: **(757) 341-0480**

e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--	--	--

f) Common Name of Waste: **Dredge Sediment**

g) Description of Waste: **Same as Above**

h) Disposal Volume: **One (1)**
 _____ Tons _____ Cubic Yards Other **Load**

i) Number of Containers: _____

j) Generating Location (Name): **Same**

k) Address: **Same**

l) Telephone Number: () **Same**

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: **16 221P**

e) Trailer or Container No.: **3089**

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver *[Signature]* Date of Receipt **3-11**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver *[Signature]* Date of Receipt **3-11**

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: **Charles City Landfill**

b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**

c) Telephone Number: **(804) 968-7210**

d) Mailing Address: **Same as Above**

e) Name of Disposal Facility's Authorized Agent (print/type): **XIOO 31-13**

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605223

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1892			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69280 lb
In	03/11/2013 08:06:12	PC301 Scale 1	kimbo3		Tare	28760 lb
Out	03/11/2013 08:30:39	PC302 Scale2	kimbo3		Net	40520 lb
					Tons	20.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.26	Tons				VA
2 TPT-Transportation	100	20.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

WASTE MANAGEMENT

Tommy Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605224

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/11/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1919			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66100 lb
In	03/11/2013 08:11:27	PC301 Scale 1	kimbo3		Tare	33460 lb
Out	03/11/2013 08:32:14	PC302 Scale2	kimbo3		Net	32640 lb
					Tons	16.32

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.32	Tons				VA
2 TPT-Transportation	100	16.32	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

AL Fields



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1919

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: A Fields Trucking
b) Transporter's Address:
c) Telephone Number: () 447-5739
d) Vehicle License No./State: 39-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: A Fields Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fields Date of Receipt: 3-11-13

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-11-13
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605227

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1823			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	87420 lb
In	03/11/2013 08:21:06	PC301 Scale 1	kimbo3		Tare	35360 lb
Out	03/11/2013 08:50:52	PC302 Scale2	kimbo3		Net	52060 lb
					Tons	26.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.03	Tons				VA
2 TPT-Transportation	100	26.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605228

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1920			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 08:23:16	PC301 Scale 1	kimbo3		Tare	75280 1b 32860 1b
Out	03/11/2013 08:53:23	PC302 Scale2	kimbo3		Net	42420 1b
					Tons	21.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.21	Tons				VA
2 TPT-Transportation	100	21.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605237

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/11/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1811			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

Time	Scale	Operator	Inbound	Gross	64140 lb
In 03/11/2013 08:56:30	PC301 Scale 1	kimbo3		Tare	31700 lb
Out 03/11/2013 09:16:19	PC302 Scale2	kimbo3		Net	32440 lb
				Tons	16.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.22	Tons				VA
2 TPT-Transportation	100	16.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

214

Manifest No. 1811

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-11-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 605241

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1815			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 09:01:44	PC301 Scale 1	kimbo3			84200 lb
Out	03/11/2013 09:27:17	PC302 Scale2	kimbo3			26840 lb
					Net	57360 lb
					Tons	28.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.68	Tons				VA
2 TPT-Transportation	100	28.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C. Coch



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605242

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1436	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 09:02:11	PC301 Scale 1	kimbo3			73700 lb
					Tare	27020 lb
Out	03/11/2013 09:28:47	PC302 Scale2	kimbo3		Net	46680 lb
					Tons	23.34

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.34	Tons				VA
2 TPT-Transportation	100	23.34	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mason



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1436

100

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605247

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1867			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 09:11:50	PC301 Scale 1	kimbo3		Tare	73380 lb 26480 lb
Out	03/11/2013 09:33:56	PC302 Scale2	kimbo3		Net	46900 lb
					Tons	23.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.45	Tons				VA
2 TPT-Transportation	100	23.45	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1867

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-188P
 e) Trailer or Container No.: _____
 f) Name of Driver: JAMES HARVEY
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: James Harvey Date of Receipt: 3-11-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver: James Harvey Date of Receipt: 3-11-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-11-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver: James Harvey Date of Receipt: 3-11-13
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification; I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605248

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	165	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1815	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75580 lb
In	03/11/2013 09:13:02	PC301 Scale 1	kimbo3		Tare	26980 lb
Out	03/11/2013 09:35:57	PC302 Scale2	kimbo3		Net	48600 lb
					Tons	24.30

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.30	Tons				VA
2 TPT-Transportation	100	24.30	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature *Tom Roberts*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1816

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

166

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-234 P

e) Trailer or Container No.: 3166

f) Name of Driver: TERRY ROBERTSON

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Terry Robertson 3/11/13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-11-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605251

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1817	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 09:22:14	PC301 Scale 1	kimbo3		Tare	75880 lb
Out	03/11/2013 09:44:46	PC302 Scale2	kimbo3		Net	26780 lb
					Tons	49100 lb
						24.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.55	Tons				VA
2 TPT-Transportation	100	24.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

089

Manifest No. 1817

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605254

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/11/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1776			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78660 lb
In	03/11/2013 09:26:08	PC301 Scale 1	kimbo3		Tare	34000 lb
Out	03/11/2013 09:47:27	PC302 Scale2	kimbo3		Net	44660 lb
					Tons	22.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.33	Tons				VA
2 TPT-Transportation	100	22.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605266

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/11/2013 Vehicle# 274 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1812
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 10:06:27	PC301 Scale 1	kimbo3		Tare	70000 lb 34140 lb
Out	03/11/2013 10:24:26	PC302 Scale2	kimbo3		Net	35860 lb
					Tons	17.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.93	Tons				VA
2 TPT-Transportation	100	17.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 274 1812

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
i) Number of Containers: _____
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: 0153557
e) Trailer or Container No.: 274
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ b) Operator's Address: _____ c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605257

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1824			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82840 lb
In	03/11/2013 09:43:22	PC301 Scale 1	kimbo3		Tare	35500 lb
Out	03/11/2013 10:26:15	PC302 Scale2	kimbo3		Net	47340 lb
					Tons	23.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.67	Tons				VA
2 TPT-Transportation	100	23.67	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Waste Management's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605258

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1822			
Destination		Grid	R4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83620 lb
In	03/11/2013 09:43:56	PC301 Scale 1	kimbo3		Tare	33500 lb
Out	03/11/2013 10:28:07	PC302 Scale2	kimbo3		Net	50120 lb
					Tons	25.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.06	Tons				VA
2 TPT-Transportation	100	25.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605264

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1819			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	77760 lb
In	03/11/2013 10:00:27	PC301 Scale 1	kimbo3		Tare	28160 lb
Out	03/11/2013 10:42:08	PC302 Scale2	kimbo3		Net	49600 lb
					Tons	24.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.80	Tons				VA
2 TPT-Transportation	100	24.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Tomu Davis



NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1819

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Heroy Davis Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Heroy Davis Date of Receipt: 3-11-13

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HOC 3-11-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605273

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1437			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73340 lb
In	03/11/2013 10:25:49	PC301 Scale 1	kimbo3		Tare	27600 lb
Out	03/11/2013 10:44:31	PC302 Scale2	kimbo3		Net	45660 lb
					Tons	22.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.83	Tons				VA
2 TPT-Transportation	100	22.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605274

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1936			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71780 lb
In	03/11/2013 10:27:37	PC301 Scale 1	kimbo3		Tare	27360 lb
Out	03/11/2013 10:45:56	PC302 Scale2	kimbo3		Net	44420 lb
					Tons	22.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.21	Tons				VA
2 TPT-Transportation	100	22.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605277

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/11/2013	Vehicle#	166	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1775			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71880 lb
In	03/11/2013 10:32:39	PC301 Scale 1	kimbo3		Tare	26840 lb
Out	03/11/2013 10:51:50	PC302 Scale2	kimbo3		Net	45040 lb
					Tons	22.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.52	Tons				VA
2 TPT-Transportation	100	22.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605272

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1781			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 10:23:55	PC301 Scale 1	kimbo3		Tare	86740 lb
Out	03/11/2013 10:56:02	PC302 Scale2	kimbo3		Net	27620 lb
					Tons	59120 lb
						29.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.56	Tons				VA
2 TPT-Transportation	100	29.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

P. Cook



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605275

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1813			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69920 lb
In	03/11/2013 10:29:26	PC301 Scale 1	kimbo3		Tare	26960 lb
Out	03/11/2013 10:57:42	PC302 Scale2	kimbo3		Net	42960 lb
					Tons	21.48

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.48	Tons				VA
2 TPT-Transportation	100	21.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1813

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

109

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable, Both, _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-188P

e) Trailer or Container No.: 199

f) Name of Driver: JAMES HARVEY

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver James Harvey Date of Receipt 3-11-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver James Harvey Date of Receipt 3-11-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) James Harvey 3-11-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver James Harvey Date of Receipt 3-11-13

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605280

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/11/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1835			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68000 lb
In	03/11/2013 10:40:23	PC301 Scale 1	kimbo3		Tare	31740 lb
Out	03/11/2013 11:05:55	PC302 Scale2	kimbo3		Net	36260 lb
					Tons	18.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.13	Tons				VA
2 TPT-Transportation	100	18.13	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Zelle

403WMM

Ⓢ



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1836

Handwritten initials 'JA'

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Other Load
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: A Fields
Transporter's Address:
Telephone Number: () 442 5783
Vehicle License No./State:
Trailer or Container No.: 279
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: A Fields Date of Receipt: 3-11-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fields Date of Receipt: 3-11-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number: ()
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 800 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-11-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605279

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1821			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 10:39:34	PC301 Scale 1	kimbo3			71480 lb
Out	03/11/2013 11:10:49	PC302 Scale2	kimbo3		Tare	26740 lb
					Net	44740 lb
					Tons	22.37

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.37	Tons				VA
2 TPT-Transportation	100	22.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605291

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1820			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79720 lb
In	03/11/2013 11:21:38	PC301 Scale 1	kimbo3		Tare	36120 lb
Out	03/11/2013 11:59:15	PC302 Scale2	DW		Net	43600 lb
					Tons	21.80

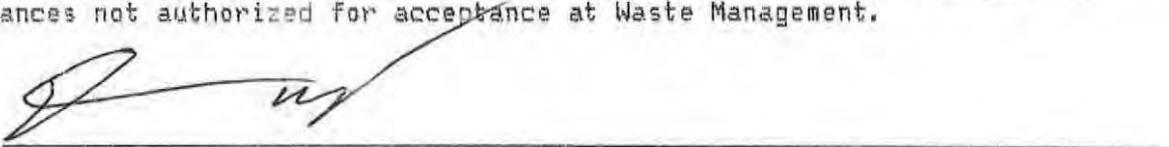
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.80	Tons				VA
2 TPT-Transportation	100	21.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605292

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1777			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75860 lb
In	03/11/2013 11:26:18	PC301 Scale 1	kimbo3		Tare	33880 lb
Out	03/11/2013 12:01:54	PC302 Scale2	DW		Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.99	Tons				VA
2 TPT-Transportation	100	20.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605296

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1818			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	60540 lb
In	03/11/2013 11:38:54	PC301 Scale 1	kimbo3		Tare	29460 lb
Out	03/11/2013 12:08:00	PC302 Scale2	DW		Net	31080 lb
					Tons	15.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.54	Tons				VA
2 TPT-Transportation	100	15.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Larry Davis

403WM





NON-HAZARDOUS WASTE MANIFEST

223

Manifest No. 1818

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-11-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605301

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1807	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 11:45:09	PC301 Scale 1	kimbo3			69480 lb
Out	03/11/2013 12:12:34	PC302 Scale2	DW			27540 lb
					Net	41940 lb
					Tons	20.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.97	Tons				VA
2 TPT-Transportation	100	20.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141 Manifest No. 1807

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 236 141
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-11-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

i) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605298

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1438	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70180 lb
In	03/11/2013 11:41:46	PC301 Scale 1	kimbo3		Tare	28440 lb
Out	03/11/2013 12:13:38	PC302 Scale2	DW		Net	41740 lb
					Tons	20.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.87	Tons			VA
2	TPT-Transportation	100	20.87	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM

Jason Mann





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1438

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605303

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	166	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1783	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69160 lb
In	03/11/2013 11:52:24	PC301 Scale 1	DW		Tare	27480 lb
Out	03/11/2013 12:17:45	PC302 Scale2	DW		Net	41680 lb
					Tons	20.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.84	Tons				VA
2 TPT-Transportation	100	20.84	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605289

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/11/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1780	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69220 lb
In	03/11/2013 11:16:27	PC301 Scale 1	kimbo3		Tare	30820 lb
Out	03/11/2013 12:19:17	PC302 Scale2	DW		Net	38400 lb
					Tons	19.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.20	Tons				VA
2 TPT-Transportation	100	19.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605310

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/11/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1782			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 12:09:59	PC301 Scale 1	DW		Tare	64240 lb 32280 lb
Out	03/11/2013 12:39:21	PC302 Scale2	kimbo3		Net	31960 lb
					Tons	15.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.98	Tons				VA
2 TPT-Transportation	100	15.98	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1782

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: A Field
b) Transporter's Address:
c) Telephone Number: () 447-5843
d) Vehicle License No./State:
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: A Field Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Field Date of Receipt: 3-11-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



NON-HAZARDOUS WASTE MANIFEST

160

Manifest No. 1789

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54-061P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605309

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1835			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71840 lb
In	03/11/2013 12:07:24	PC301 Scale 1	DW		Tare	26700 lb
Out	03/11/2013 12:52:16	PC302 Scale2	kimbo3		Net	45140 lb
					Tons	22.57

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.57	Tons				VA
2 TPT-Transportation	100	22.57	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

199

Manifest No. 1835

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-11-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JWH 3-11-13
f) The material delivered by the transporter has been received at the Disposal Facility:
Signature of Driver: James Harvey Date of Receipt: 3-11-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605324

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1793			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76360 lb
In	03/11/2013 12:57:02	PC301 Scale 1	kimbo3		Tare	38760 lb
Out	03/11/2013 13:21:39	PC302 Scale2	kimbo3		Net	39600 lb
					Tons	19.80

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.80	Tons				VA
2 TPT-Transportation	100	19.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605325

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/11/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1778			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 12:58:56	PC301 Scale 1	kimbo3		Tare	75380 lb 34200 lb
Out	03/11/2013 13:23:09	PC302 Scale2	kimbo3		Net	41180 lb
					Tons	20.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.59	Tons				VA
2 TPT-Transportation	100	20.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Waste Management Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1778

201

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. Disposal Volume: One (1). Type of Containers: TR.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: DW CARV. Address: Ashland. Telephone: (804) 798-4777. Vehicle License No./State: 35-378 VA. Trailer or Container No.: 29. Name of Driver: K Anderson. Date of Receipt: 3/11/13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): JOC 3-11-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Signature of Operator's Authorized Agent, Date.

f) Responsible Agency Name and Address: Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605328

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/11/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1808			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72700 lb
In	03/11/2013 13:02:56	PC301 Scale 1	kimbo3		Tare	25860 lb
Out	03/11/2013 14:24:16	PC302 Scale2	kimbo3		Net	46840 lb
					Tons	23.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.42	Tons				VA
2 TPT-Transportation	100	23.42	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1808

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KDC 3-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605313

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/11/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1774			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 12:28:42	PC301 Scale 1	kimbo3		Tare	66460 lb 25680 lb
Out	03/11/2013 14:56:54	PC302 Scale2	kimbo3		Net	40780 lb
					Tons	20.39

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.39	Tons				VA
2 TPT-Transportation	100	20.39	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

[Handwritten Signature]

Manifest No. 1774

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--	--	--

101400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1) Tons Cubic Yards Other Load

i) Number of Containers:

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable
 Non-Friable N/A % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16 221P

e) Trailer or Container No.: 3089

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

Signature of Driver [Signature] Date of Receipt 3-11

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver [Signature] Date of Receipt 3-11

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605331

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/11/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1779			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 13:11:20	PC301 Scale 1	kimbo3		Tare	25800 lb
Out	03/11/2013 14:58:12	PC302 Scale2	kimbo3		Net	40160 lb
					Tons	20.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.08	Tons				VA
2 TPT-Transportation	100	20.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Tom Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

203

Manifest No. 1779

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
- c) Generator's Representative: Bryan Peed
- d) Telephone Number: (757) 341-0480
- e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--
- f) Common Name of Waste: Dredge Sediment
- g) Description of Waste: Same as Above
- h) Disposal Volume: One (1)
 Tons Cubic Yards Other Load
- i) Number of Containers: _____
- j) Generating Location (Name): Same
- k) Address: Same
- l) Telephone Number: () Same
- m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable; N/A; _____ % non-Friable
- n) Type of Containers:

T	R
---	---
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: 16-219
- e) Trailer or Container No.: 223
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver: Heroy Davis Date of Receipt: 3-11-13
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver: Heroy Davis Date of Receipt: 3-11-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
- b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
- c) Telephone Number: (804) 966-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] Date of Receipt: 3-11-13
- f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
- Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605330

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1439	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

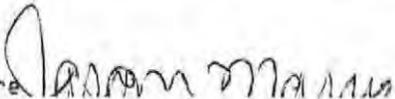
	Time	Scale	Operator	Inbound	Gross	
In	03/11/2013 13:04:53	PC301 Scale 1	kimbo3			63040 lb
Out	03/11/2013 15:00:03	PC302 Scale2	kimbo3			25540 lb
					Net	37500 lb
					Tons	18.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.75	Tons				VA
2 TPT-Transportation	100	18.75	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



NON-HAZARDOUS WASTE MANIFEST

102

1439

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 1012
f) Name of Driver:
g) I hereby warrant that the above named and described material is received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605469

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1784			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56360 lb
In	03/13/2013 07:32:43	PC301 Scale 1	kimbo3		Tare	31820 lb
Out	03/13/2013 07:56:22	PC302 Scale2	kimbo3		Net	24540 lb
					Tons	12.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.27	Tons				VA
2 TPT-Transportation	100	12.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

274

Manifest No. 1784

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Alcala Cant Date of Receipt: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Alcala Cant Date of Receipt: 3-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) RC 3-13-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605472

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1440	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 07:36:08	PC301 Scale 1	kimbo3		66680 lb	
Out	03/13/2013 08:01:32	PC302 Scale2	kimbo3		26800 lb	
					Net	39880 lb
					Tons	19.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.94	Tons				VA
2 TPT-Transportation	100	19.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Meeks





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1440

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Trompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-222
 e) Trailer or Container No.: 192
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Munn 3-13-12
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) KW 3.13.12
 f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

i) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605473

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1787			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	68960 lb
In	03/13/2013 07:37:17	PC301 Scale 1	kimbo3		Tare	26340 lb
Out	03/13/2013 08:05:44	PC302 Scale2	kimbo3		Net	42620 lb
					Tons	21.31

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.31	Tons				VA
2 TPT-Transportation	100	21.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Operator's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

Manifest No. 1787

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101 400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, X Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HOC 313.13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605474

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1786	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 07:40:21	PC301 Scale 1	kimbo3		Tare	69700 lb 27720 lb
Out	03/13/2013 08:04:04	PC302 Scale2	kimbo3		Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.99	Tons				VA
2 IPT-transportation	100	20.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Geovy Davis

403WM



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605475

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/13/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1834			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 07:43:49	PC301 Scale 1	kimbo3			64900 lb
Out	03/13/2013 08:07:04	PC302 Scale2	kimbo3			32740 lb
						Net 32160 lb
						Tons 16.08

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.08	Tons				VA
2 TPT-Transportation	100	16.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1834

Handwritten initials

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: A. Fields
b) Transporter's Address:
c) Telephone Number: () 442-5738
d) Vehicle License No./State: 39-DTS
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-13-13

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605476

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1905			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 07:50:16	PC301 Scale 1	kimbo3		71400 lb	
Out	03/13/2013 08:17:49	PC302 Scale2	kimbo3		25980 lb	
					Net	45420 lb
					Tons	22.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.71	Tons				VA
2 TPT-Transportation	100	22.71	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605480

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1723			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 08:06:39	PC301 Scale 1	kimbo3		79100 lb	
Out	03/13/2013 08:32:49	PC302 Scale2	kimbo3		32660 lb	
					Net	46440 lb
					Tons	23.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.22	Tons				VA
2 TPT-Transportation	100	23.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605483

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1785			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80140 lb
In	03/13/2013 08:09:47	PC301 Scale 1	kimbo3		Tare	35280 lb
Out	03/13/2013 08:39:55	PC302 Scale2	kimbo3		Net	44860 lb
					Tons	22.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.43	Tons				VA
2 TPT-Transportation	100	22.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

D403WMS's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1785

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: DYCHAM

b) Transporter's Address: ASLAND

c) Telephone Number: (804) 798-4777

d) Vehicle License No./State: 35-335 VA

e) Trailer or Container No.: 29

f) Name of Driver: K Anderson

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver K Anderson Date of Receipt 3/13/13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver K Anderson Date of Receipt 3/13/13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) File 3B+3

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605481

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1177			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82020 lb
In	03/13/2013 08:08:25	PC301 Scale 1	kimbo3		Tare	29260 lb
Out	03/13/2013 08:42:48	PC302 Scale2	kimbo3		Net	52760 lb
					Tons	26.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.38	Tons				VA
2 TPT-Transportation	100	26.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605482

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1445			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 08:09:04	PC301 Scale 1	kimbo3		Tare	92360 lb 36400 lb
Out	03/13/2013 08:44:47	PC302 Scale2	kimbo3		Net	55960 lb
					Tons	27.98

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.98	Tons				VA
2 TPT-Transportation	100	27.98	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605488

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/13/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1726			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 08:24:02	PC301 Scale 1	kimbo3		Tare	82720 lb 31660 lb
Out	03/13/2013 08:57:48	PC302 Scale2	kimbo3		Net	51060 lb
					Tons	25.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.53	Tons				VA
2 TPT-Transportation	100	25.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Receiver's Signature 



NON-HAZARDOUS WASTE MANIFEST

1169

Manifest No. 1726

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-13-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605494

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1830	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 08:45:56	PC301 Scale 1	kimbo3			64660 lb
Out	03/13/2013 09:03:40	PC302 Scale2	kimbo3		Tare	32380 lb
					Net	32280 lb
					Tons	16.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.14	Tons				VA
2 TPT-Transportation	100	16.14	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1830

274

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
Tons Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: ECC

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: P15J557

e) Trailer or Container No.: 274

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] 3-13-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
[Signature] 3-13-13
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3B-B

f) The material delivered by the transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605503

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/13/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1727			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 09:08:45	PC301 Scale 1	kimbo3		Tare	66800 lb 33060 lb
Out	03/13/2013 09:32:26	PC302 Scale2	kimbo3		Net	33740 lb
					Tons	16.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.87	Tons				VA
2 TPT-Transportation	100	16.87	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A J cells

6



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605497

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1441	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 08:57:15	PC301 Scale 1	kimbo3		82460	lb
Out	03/13/2013 09:35:45	PC302 Scale2	kimbo3		26840	lb
					Net	55620 lb
					Tons	27.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.81	Tons				VA
2 TPT-Transportation	100	27.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1441

192

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) ROC 3.13.13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605498

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1794			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75660 lb
In	03/13/2013 08:59:16	PC301 Scale 1	kimbo3		Tare	27000 lb
Out	03/13/2013 09:37:31	PC302 Scale2	kimbo3		Net	48660 lb
					Tons	24.33

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.33	Tons				VA
2 TPT-Transportation	100	24.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1794

101

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
 n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 1W 238
141
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver [Signature] Date of Receipt 3-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605502

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1833			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72320 lb
In	03/13/2013 09:06:31	PC301 Scale 1	kimbo3		Tare	27040 lb
Out	03/13/2013 09:42:52	PC302 Scale2	kimbo3		Net	45280 lb
					Tons	22.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.64	Tons				VA
2 TPT-Transportation	100	22.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1833

2003

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 31313
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 800 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Origin# 1605508
 Ticket# 1605508

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/13/2013 Vehicle# 142 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1724
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	70060 lb
In 03/13/2013 09:28:56	PC301 Scale 1	kimbo3		Tare	26600 lb
Out 03/13/2013 10:05:57	PC302 Scale2	kimbo3		Net	43460 lb
				Tons	21.73

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.73	Tons				VA
2 TPT-Transportation	100	21.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1724

142

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson TRK

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-254 P

e) Trailer or Container No.: 142

f) Name of Driver: KEITH WATTS

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Keith Watts 3-13-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Keith Watts 3-13-13
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) MC 3-13-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605510

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1771			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 09:31:50	PC301 Scale 1	kimbo3			75180 lb
Out	03/13/2013 10:22:41	PC302 Scale2	kimbo3		Tare	32220 lb
					Net	42960 lb
					Tons	21.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.48	Tons				VA
2 TPT-Transportation	100	21.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605511

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1728	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74140 lb
In	03/13/2013 09:33:33	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	03/13/2013 10:23:57	PC302 Scale 2	kimbo3		Net	42580 lb
					Tons	21.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.29	Tons				VA
2 TPT-Transportation	100	21.29	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

29

Manifest No. 1728

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D W Cary
b) Transporter's Address: Ashland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: K Gordon Date of Receipt: 3/13/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Gordon Date of Receipt: 3/13/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3.13.13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605515

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/13/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1722			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 09:57:06	PC301 Scale 1	kimbo3		Tare	74760 lb
Out	03/13/2013 10:28:37	PC302 Scale2	kimbo3		Net	28940 lb
					Tons	45820 lb
						22.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.91	Tons				VA
2 TPT-Transportation	100	22.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

41547

Manifest No. 1722

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 107 836

e) Trailer or Container No.: 41547

f) Name of Driver: Rusty

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Rusty Date of Receipt 3-13-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Rusty Date of Receipt 3-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 988-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): KLC 3.13.13

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605519

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1826	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 10:07:33	PC301 Scale 1	kimbo3			62480 lb
Out	03/13/2013 10:30:07	PC302 Scale2	kimbo3			32540 lb
					Net	29940 lb
					Tons	14.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.97	Tons				VA
2 TPT-Transportation	100	14.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605517

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1725			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 09:59:45	PC301 Scale 1	kimbo3		Tare	79780 lb 31640 lb
Out	03/13/2013 10:32:30	PC302 Scale2	kimbo3		Net	48140 lb
					Tons	24.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.07	Tons				VA
2 TPT-Transportation	100	24.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605516

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/13/2013	Vehicle#	40401	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1460			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 09:57:45	PC301 Scale 1	kimbo3			85600 lb
					Tare	34780 lb
Out	03/13/2013 10:34:17	PC302 Scale2	kimbo3		Net	50820 lb
					Tons	25.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.41	Tons				VA
2 TPT-Transportation	100	25.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





NON-HAZARDOUS WASTE MANIFEST

40401

Manifest No. 1460

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Generating Location (Name): Same
Address: Same
Telephone Number: Same
Asbestos ONLY: Friable, Both, % Friable
Type of Containers: TR
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 13119
Trailer or Container No.: 40401
Name of Driver: Kevin Selig
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type)
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Telephone Number:
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605523

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/13/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1773			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66840 lb
In	03/13/2013 10:26:52	PC301 Scale 1	kimbo3		Tare	33520 lb
Out	03/13/2013 10:49:02	PC302 Scale2	kimbo3		Net	33320 lb
					Tons	16.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.66	Tons				VA
2 TPT-Transportation	100	16.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A. J. [Signature]



NON-HAZARDOUS WASTE MANIFEST

279

Manifest No. 1773

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil Plastic Bag
BC - 12 mil Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: A Fields
b) Transporter's Address:
c) Telephone Number: (447) 5758
d) Vehicle License No./State: 39-075
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: A Fields Date of Receipt: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: A Fields Date of Receipt: 3-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): J. B. B.
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605525

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/13/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1953			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 10:29:43	PC301 Scale 1	kimbo3			71800 lb
Out	03/13/2013 10:53:27	PC302 Scale2	kimbo3		Tare	27360 lb
					Net	44440 lb
					Tons	22.22

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.22	Tons				VA
2 TPT-Transportation	100	22.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1953

102

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 110-222

e) Trailer or Container No.: 1012

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Johnson 3-13-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): KQC 3-13-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605527

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1809			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72420 lb
In	03/13/2013 10:33:51	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	03/13/2013 10:56:56	PC302 Scale2	kimbo3		Net	45200 lb
					Tons	22.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.60	Tons				VA
2 IPT-Transportation	100	22.60	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1809

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 2 38
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-13-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3.B.B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605530

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1829			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 10:42:21	PC301 Scale 1	kimbo3			70140 lb
Out	03/13/2013 11:04:02	PC302 Scale2	kimbo3		Tare	27480 lb
					Net	42660 lb
					Tons	21.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.33	Tons				VA
2 TPT-Transportation	100	21.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Denny Davis



NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1829

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: A23
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Jerry Davis Date of Receipt: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Jerry Davis Date of Receipt: 3-13-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) RLC 3-13-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605536

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1772	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 11:07:03	PC301 Scale 1	kimbo3		Tare	72500 lb
Out	03/13/2013 11:38:40	PC302 Scale2	kimbo3		Net	26400 lb
					Tons	46100 lb
						23.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.05	Tons			VA
2	TPT-Transportation	100	23.05	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Keith Watts



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1772

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 6 mil. Plastic Bag BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: K-254P
e) Trailer or Container No.: 142
f) Name of Driver: Keith Watts
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Keith Watts 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 3-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605541

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1767			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	10140@VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74140 lb
In	03/13/2013 11:26:56	PC301 Scale 1	kimbo3		Tare	33220 lb
Out	03/13/2013 11:46:57	PC302 Scale2	kimbo3		Net	40920 lb
Comments					Tons	20.46

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.46	Tons				VA
2 TPT-Transportation	100	20.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605539

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1761			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 11:20:15	PC301 Scale 1	kimbo3			77340 lb
Out	03/13/2013 11:49:19	PC302 Scale2	kimbo3			32040 lb
					Net	45300 lb
					Tons	22.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.65	Tons			VA
2	TPT-Transportation	100	22.65	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

28

Manifest No. 1761

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D W Coy Harlan
b) Transporter's Address: 11520 Fox Cross Rd
c) Telephone Number: (604) 298-4777
d) Vehicle License No./State: 38-334
e) Trailer or Container No.:
f) Name of Driver: D L Mallett
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-B-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605540

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1770			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 11:23:29	PC301 Scale 1	kimbo3			75940 lb
Out	03/13/2013 11:51:09	PC302 Scale2	kimbo3			31940 lb
					Net	44000 lb
					Tons	22.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.00	Tons				VA
2 TPT-Transportation	100	22.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1770

[Handwritten initials]

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**
b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**
c) Generator's Representative: **Bryan Peed**
d) Telephone Number: **(757) 341-0480**
e) WASTE MANAGEMENT APPROVAL CODE [][] [][] [][] **101400VA**
f) Common Name of Waste: **Dredge Sediment**
g) Description of Waste: **Same as Above**
h) Disposal Volume: **One (1)**
____ Tons ____ Cubic Yards **X** Other **Load**

j) Generating Location (Name): **Same**
k) Address: **Same**
l) Telephone Number: () **Same**
m) Asbestos ONLY - Friable, Both, ____ % Friable
 Non-Friable N/A ____ % non-Friable
n) Type of Containers: **TR**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **DW CARR**
b) Transporter's Address: **Ashland**
c) Telephone Number: **(804) 798-4777**
d) Vehicle License No./State: **35-335 VA**
e) Trailer or Container No.: **29**
f) Name of Driver: **K Anderson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K Anderson **3/13/13**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
K Anderson **3/13/13**
Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

a) Disposal Facility's Name: **Charles City Landfill**
b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**
c) Telephone Number: **(804) 966-7210**
d) Mailing Address: **Same as Above**
e) Name of Disposal Facility's Authorized Agent (print/type) **KAC 313-3**
f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605542

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1825			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76120 lb
In	03/13/2013 11:31:46	PC301 Scale 1	kimbo3		Tare	32580 lb
Out	03/13/2013 12:00:22	PC302 Scale2	DW		Net	43540 lb
					Tons	21.77

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.77	Tons				VA
2 TPT-Transportation	100	21.77	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605546

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/13/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1766			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 11:42:45	PC301 Scale 1	kimbo3		Tare	67200 lb
Out	03/13/2013 12:05:23	PC302 Scale2	DW		Net	33500 lb
					Tons	33700 lb
						16.85

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.85	Tons				VA
2 TPT-Transportation	100	16.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605544

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1461			
Destination		Grid	P4C3	
PO Profile	5551-0014 1014000A (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	88800 lb
In	03/13/2013 11:41:33	PC301 Scale 1	kimbo3		Tare	36640 lb
Out	03/13/2013 12:15:31	PC302 Scale2	DW		Net	52160 lb
					Tons	26.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.08	Tons				VA
2 TPT-Transportation	100	26.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

4001

Manifest No. 1461

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 7-13-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605545

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1769			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 11:42:13	PC301 Scale 1	kimbo3			80260 lb
Out	03/13/2013 12:17:44	PC302 Scale2	DW			29340 lb
					Net	50920 lb
					Tons	25.46

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.46	Tons				VA
2 TPT-Transportation	100	25.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Ruth*





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1769

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Rusty 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Rusty 3 B. 13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605547

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/13/2013 Vehicle# 192 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1831 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71660 lb
In	03/13/2013 11:48:11	PC301 Scale 1	kimbo3		Tare	27380 lb
Out	03/13/2013 12:20:05	PC302 Scale2	DW		Net	44280 lb
					Tons	22.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.14	Tons				VA
2 TPT-Transportation	100	22.14	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1831

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KILL 31313
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605548

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/13/2013 Vehicle# 141 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1010
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	73860 lb
In 03/13/2013 11:48:42	PC301 Scale 1	kimbo3		Tare	27340 lb
Out 03/13/2013 12:21:32	PC302 Scale2	DW		Net	46520 lb
				Tons	23.26

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.26	Tons				VA
2 TPT-Transportation	100	23.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1810

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-13-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605563

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1759	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	77480 lb
In	03/13/2013 12:39:50	PC301 Scale 1	kimbo3		Tare	32180 lb
Out	03/13/2013 13:09:18	PC302 Scale2	kimbo3		Net	45300 lb
					Tons	22.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.65	Tons			VA
2	TPT-Transportation	100	22.65	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

214

Manifest No. 1759

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 5 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153557
e) Trailer or Container No.: 274
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: [Signature] Date of Receipt: 3-13-13
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605561

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1763	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72820 lb
In	03/13/2013 12:28:19	PC301 Scale 1	DW		Tare	26600 lb
Out	03/13/2013 13:14:37	PC302 Scale2	kimbo3		Net	46220 lb
					Tons	23.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.11	Tons				VA
2 TPT-Transportation	100	23.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605567

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1760			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 12:46:51	PC301 Scale 1	kimbo3		68700	1b
Out	03/13/2013 13:18:25	PC302 Scale2	kimbo3		31860	1b
					Net	36840 1b
					Tons	18.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.42	Tons				VA
2 TPT-Transportation	100	18.42	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

20

Manifest No. 1760

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers: X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: DW CARTS
b) Transporter's Address: Ashland
c) Telephone Number: 800 798 4777
d) Vehicle License No./State: 35-325 VA
e) Trailer or Container No.: 29
f) Name of Driver: X Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) NOC 3-B-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

'Operator' is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605565

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/13/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1750			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 12:42:30	PC301 Scale 1	kimbo3		76060 lb	
Out	03/13/2013 13:21:03	PC302 Scale2	kimbo3		31600 lb	
					Net	44460 lb
					Tons	22.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.23	Tons				VA
2 TPT-Transportation	100	22.23	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

4033WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605570

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/13/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1756			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 13:04:35	PC301 Scale 1	kimbo3			67580 lb
Out	03/13/2013 13:29:09	PC302 Scale2	kimbo3		Tare	32000 lb
					Net	35580 lb
					Tons	17.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.79	Tons				VA
2 TPT-Transportation	100	17.79	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

279

Manifest No. 1756

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone Number: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1). Type of Containers: TR.

Table with 2 columns: Container Code, Description. TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY (complete if applicable)

Transporter's Name: A Fields Truck. Address: 447 5783. Telephone Number: 39-075. Vehicle License No./State: 279. Name of Driver: A Fields. Date of Receipt: 3-13-13.

Transfer Facility's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

Transporter's Name, Address, Telephone Number, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature].

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name, Address, Telephone Number, Recommended special handling instructions and additional information, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605576

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1768	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	10140@VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80140 1b
In	03/13/2013 13:16:17	PC301 Scale 1	kimbo3		Tare	29100 1b
Out	03/13/2013 13:58:08	PC302 Scale2	kimbo3		Net	51040 1b
					Tons	25.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.52	Tons				VA
2 TPT-Transportation	100	25.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1768

1109

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-13-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): NCC 3-B-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605584

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1444			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 13:38:38	PC301 Scale 1	kimbo3		Tare	83840 lb
Out	03/13/2013 14:11:05	PC302 Scale2	kimbo3		Net	36560 lb
					Tons	47280 lb
						23.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.64	Tons			VA
2	TPT-Transportation	100	23.64	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1444

4001

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**

b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**

c) Generator's Representative: **Bryan Peed**

d) Telephone Number: **(757) 341-0480**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Same**

k) Address: **Same**

l) Telephone Number: () **Same**

f) Common Name of Waste: **Dredge Sediment**

g) Description of Waste: **Same as Above**

h) Disposal Volume: **One (1)**

_____ Tons _____ Cubic Yards Other **Load**

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 13119

e) Trailer or Container No.: 40210

f) Name of Driver: Kevin Silva

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt 7-13-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt 7-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal) Facility

a) Disposal Facility's Name: **Charles City Landfill**

b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**

c) Telephone Number: **(804) 966-7210**

d) Mailing Address: **Same as Above**

e) Name of Disposal Facility's Authorized Agent (print/type) ROC 3-BB

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605585

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1757			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 13:39:20	PC301 Scale 1	kimbo3		Tare	70280 1b 30120 1b
Out	03/13/2013 14:14:01	PC302 Scale2	kimbo3		Net	40160 1b
					Tons	20.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.08	Tons				VA
2 TPT-Transportation	100	20.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Renty



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41547

Manifest No. 1757

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107854
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Rusty 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-13-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605578

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1020	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 13:17:39	PC301 Scale 1	kimbo3		Tare	72420 1b 26680 1b
Out	03/13/2013 14:15:31	PC302 Scale2	kimbo3		Net	45740 1b
					Tons	22.87

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.87	Tons				VA
2 TPT-Transportation	100	22.87	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605577

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1764			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 13:17:05	PC301 Scale 1	kimbo3		Tare	71040 lb
Out	03/13/2013 14:16:49	PC302 Scale2	kimbo3		Net	26500 lb
					Tons	44540 lb
						22.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.27	Tons				VA
2 TPT-Transportation	100	22.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1764

192

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Morris 3-13-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605589

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/13/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1752			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	60180 lb
In	03/13/2013 14:02:24	PC301 Scale 1	kimbo3		Tare	32720 lb
Out	03/13/2013 14:22:47	PC302 Scale2	kimbo3		Net	27460 lb
					Tons	13.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.73	Tons				VA
2 TPT-Transportation	100	13.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605562

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/13/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1762			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/13/2013 12:38:59	PC301 Scale 1	kimbo3		Tare	76980 lb 25800 lb
Out	03/13/2013 14:27:08	PC302 Scale2	kimbo3		Net	51180 lb
					Tons	25.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.59	Tons				VA
2 TPT-Transportation	100	25.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Yerik Watts



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605714

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/15/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1922			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67080 lb
In	03/15/2013 07:36:57	PC301 Scale 1	kimbo3		Tare	36900 lb
Out	03/15/2013 07:55:22	PC302 Scale2	kimbo3		Net	30180 lb
					Tons	15.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.09	Tons				VA
2 TPT-Transportation	100	15.09	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

282

Manifest No. 1922

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Other Load. Number of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: ECR. Address: P153562. Telephone Number: 292. Vehicle License No./State: 292. Name of Driver: [Signature]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-15-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-15-13.

SECTION 3 TRANSFER FACILITY (complete if applicable)

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Blank].

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Blank].

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Recommended special handling instructions and additional information: [Blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date. Responsible Agency Name and Address: [Blank].



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605711

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/15/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1748			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61540 lb
In	03/15/2013 07:33:25	PC301 Scale 1	kimbo3		Tare	34660 lb
Out	03/15/2013 07:57:25	PC302 Scale2	kimbo3		Net	26880 lb
					Tons	13.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.44	Tons				VA
2 TPT-Transportation	100	13.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Fields



NON-HAZARDOUS WASTE MANIFEST

279

Manifest No. 1748

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: A Fields
b) Transporter's Address:
c) Telephone Number: (447) 5954
d) Vehicle License No./State: 39-D75
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: A Fields 3-14-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: A Fields 3-14-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Joe 315-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605715

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1755	Grid	P4C3	
Destination				
PO	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78040 lb
In	03/15/2013 07:39:37	PC301 Scale 1	kimbo3		Tare	26680 lb
Out	03/15/2013 08:01:10	PC302 Scale2	kimbo3		Net	51360 lb
					Tons	25.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.68	Tons				VA
2 TPT-Transportation	100	25.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Cason Maris

403WM

6



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1755

Handwritten initials 'P12'

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 11E-222 192
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Jason Manna Date of Receipt: 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605716

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1754			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 07:40:08	PC301 Scale 1	kimbo3		Tare	72720 lb
Out	03/15/2013 08:03:19	PC302 Scale2	kimbo3		Net	27080 lb
					Tons	45640 lb
						22.82

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.82	Tons				VA
2 TPT-Transportation	100	22.82	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403VM

6



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141

Manifest No. 1754

SECTION 1

GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Other Load. Number of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson. Address: 16238. Telephone Number: 141. Vehicle License No./State: 16238. Trailer or Container No.: 141. Name of Driver: [Signature]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-15-13.

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Blank].

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

Transporter's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Trailer or Container No.: [Blank]. Name of Driver: [Blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Blank].

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. The material delivered by the Transporter has been received at the Disposal Facility. Date of Receipt: 3-15-13.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Recommended special handling instructions and additional information: [Blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605717

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1256			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 07:46:05	PC301 Scale 1	kimbo3			90200 lb
Out	03/15/2013 08:18:40	PC302 Scale2	kimbo3		Tare	30740 lb
					Net	59460 lb
					Tons	29.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.73	Tons				VA
2 TPT-Transportation	100	29.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1256

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

1 0 1 4 0 0 V A

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D W CACY
 b) Transporter's Address: Ashland
 c) Telephone Number: (804) 158-9777
 d) Vehicle License No./State: 24-141 VA
 e) Trailer or Container No.: 15
 f) Name of Driver: K Anderson
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver K Anderson Date of Receipt 3/15/13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver K Anderson Date of Receipt 3/15/13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) Peed 3-15-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605719

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1191			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 07:56:52	PC301 Scale 1	kimbo3		Tare	96920 lb 31080 lb
Out	03/15/2013 08:22:24	PC302 Scale2	kimbo3		Net	65840 lb
					Tons	32.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.92	Tons				VA
2 TPT-Transportation	100	32.92	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1191If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
 n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named-material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D W CARY
 b) Transporter's Address: ASHLAND VA
 c) Telephone Number: () 798-4777
 d) Vehicle License No./State: 24-162
 e) Trailer or Container No.: _____
 f) Name of Driver: R. ROBERTS
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver R. Roberts Date of Receipt 15-MARCH-2013

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) AOC 3-15-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605726

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1449			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	90360 lb
In	03/15/2013 08:21:42	PC301 Scale 1	kimbo3		Tare	38420 lb
Out	03/15/2013 08:51:09	PC302 Scale2	kimbo3		Net	51940 lb
					Tons	25.97

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.97	Tons				VA
2 TPT-Transportation	100	25.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1449

40401

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin Silva
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-15-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605727

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/15/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1845			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82800 lb
In	03/15/2013 08:26:15	PC301 Scale 1	kimbo3		Tare	31160 lb
Out	03/15/2013 08:53:05	PC302 Scale2	kimbo3		Net	51640 lb
					Tons	25.82

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.82	Tons				VA
2 TPT-Transportation	100	25.82	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

R. Lee

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

4150

Manifest No. 1845

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable, Both, _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 107 856
 e) Trailer or Container No.: 41547
 f) Name of Driver: Rusty
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Rusty Date of Receipt 3-15-15
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Rusty Date of Receipt 3-15-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-15-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605728

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/15/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1844			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 08:26:58	PC301 Scale 1	kimbo3		Tare	88640 lb
Out	03/15/2013 08:57:27	PC302 Scale2	kimbo3		Net	34240 lb
					Tons	54400 lb
						27.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.20	Tons				VA
2 TPT-Transportation	100	27.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605734

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/15/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1847			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76020 lb
In	03/15/2013 08:43:18	PC301 Scale 1	kimbo3		Tare	39460 lb
Out	03/15/2013 09:08:51	PC302 Scale2	kimbo3		Net	37360 lb
					Tons	18.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.68	Tons				VA
2 TPT-Transportation	100	18.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605735

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/15/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1921	Grid	P4C3	
Destination				
PD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 08:47:40	PC301 Scale 1	kimbo3		Tare	82920 1b 33780 1b
Out	03/15/2013 09:14:15	PC302 Scale2	kimbo3		Net	49140 1b
					Tons	24.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.57	Tons				VA
2 TPT-Transportation	100	24.57	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A J ydr



NON-HAZARDOUS WASTE MANIFEST

219

Manifest No. 1921

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: A + Loads
b) Transporter's Address:
c) Telephone Number: (1447) 5754
d) Vehicle License No./State: 39-076
e) Trailer or Container No.: 279
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 315-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605741

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	
Ticket Date	03/15/2013	Vehicle#	19	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1840			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 09:19:03	PC301 Scale 1	kimbo3		Tare	86300 lb 30720 lb
Out	03/15/2013 09:40:47	PC302 Scale2	kimbo3		Net	55580 lb
					Tons	27.79

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.79	Tons				VA
2 TPT-Transportation	100	27.79	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605743

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1765			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 09:20:06	PC301 Scale 1	kimbo3		Tare	84780 lb 27080 lb
Out	03/15/2013 09:43:36	PC302 Scale2	kimbo3		Net	57700 lb
					Tons	28.85

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.85	Tons				VA
2 TPT-Transportation	100	28.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605742

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/15/2013 Vehicle# 192 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1827 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	78800 lb
In	03/15/2013 09:19:33	PC301 Scale 1	kimbo3		Tare	26400 lb
Out	03/15/2013 09:44:50	PC302 Scale2	kimbo3		Net	52400 lb
					Tons	26.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.20	Tons				VA
2 TPT-Transportation	100	26.20	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





NON-HAZARDOUS WASTE MANIFEST

120

Manifest No. 1827

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605745

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	03/15/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1192			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

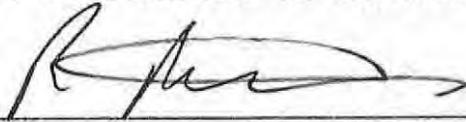
	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 09:22:46	PC301 Scale 1	kimbo3			93540 lb
Out	03/15/2013 09:47:02	PC302 Scale2	kimbo3		Tare	30440 lb
					Net	63100 lb
					Tons	31.55

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	31.55	Tons				VA
2 TPT-Transportation	100	31.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

01

Manifest No. 1192

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, % Friable
Non-Friable, N/A, % non-Friable

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D.W. CART
b) Transporter's Address: AS41A/d VA
c) Telephone Number: () 798-4777
d) Vehicle License No./State: 24-162
e) Trailer or Container No.: 1
f) Name of Driver: R. ROBERTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 15-MAR-2013

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-15-13
f) The material delivered by the transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605755

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/15/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1849			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72400 lb
In	03/15/2013 10:08:49	PC301 Scale 1	kimbo3		Tare	33720 lb
Out	03/15/2013 10:33:20	PC302 Scale2	kimbo3		Net	38680 lb
					Tons	19.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.34	Tons				VA
2 TPT-Transportation	100	19.34	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

A Jabs





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1849

279

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)

_____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	- Truck
DM	- Metal Drum
DP	- Plastic Drum
BA	- Bag
BB	- 6 mil. Plastic Bag
BC	- 12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: A Fields Truck

b) Transporter's Address: _____

c) Telephone Number: () 441-5855

d) Vehicle License No./State: 29-D73

e) Trailer or Container No.: 279

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
A Fields 3-14-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
A Fields 3-14-13
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): Joe 315-B

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605752

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/15/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1855			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83740 lb
In	03/15/2013 10:03:31	PC301 Scale 1	kimbo3		Tare	30700 lb
Out	03/15/2013 10:37:53	PC302 Scale2	kimbo3		Net	53040 lb
					Tons	26.52

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.52	Tons				VA
2 TPT-Transportation	100	26.52	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substance; not authorized for acceptance at Waste Management.

Driver's Signature

Rusty

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605751

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1448			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	94980 lb
In	03/15/2013 10:03:05	PC301 Scale 1	kimbo3		Tare	35000 lb
Out	03/15/2013 10:41:11	PC302 Scale2	kimbo3		Net	59980 lb
					Tons	29.99

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.99	Tons				VA
2 TPT-Transportation	100	29.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1448

40401

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-15-17
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-15-17

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605754

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/15/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1848			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 10:06:45	PC301 Scale 1	kimbo3		77900	1b
Out	03/15/2013 10:43:53	PC302 Scale2	kimbo3		31380	1b
					46520	1b
						23.26

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.26	Tons				VA
2 TPT-Transportation	100	23.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605757

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1758			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 10:17:07	PC301 Scale 1	kimbo3		92100 lb	
Out	03/15/2013 10:47:36	PC302 Scale2	kimbo3		Tare 33020 lb	
					Net 59080 lb	
					Tons 29.54	

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.54	Tons				VA
2 TPT-Transportation	100	29.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605761

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1852	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 10:35:53	PC301 Scale 1	kimbo3		Tare	96160 lb 31240 lb
Out	03/15/2013 11:00:01	PC302 Scale2	kimbo3		Net	64920 lb
					Tons	32.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.46	Tons				VA
2 TPT-Transportation	100	32.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1852

19

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name DW LARY, Address Ashland, Telephone (804) 798-4777, Vehicle License No. 24-161 VA, Name of Driver K Anderson. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3/15/13.

Transfer Facility: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter 2: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility: Name Charles City Landfill, Physical Address 8000 Chambers Rd, Charles City, VA 23030, Telephone (804) 966-7210, Mailing Address Same as Above, Name of Disposal Facility's Authorized Agent JOC 315-B. The material delivered by the Transporter has been received at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name, Address, Telephone, Recommended special handling instructions and additional information, Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605762

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1839			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	86800 lb
In	03/15/2013 10:36:29	PC301 Scale 1	kimbo3		Tare	26660 lb
Out	03/15/2013 11:02:16	PC302 Scale2	kimbo3		Net	60140 lb
					Tons	30.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.07	Tons				VA
2 TPT-Transportation	100	30.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1839

Handwritten initials 'JAE'

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Approval Code grid: 101 400VA

m) Asbestos ONLY - Friable, Both, % Friable; Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 97
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605755

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1832			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	91520 lb
In	03/15/2013 10:43:10	PC301 Scale 1	kimbo3		Tare	26860 lb
Out	03/15/2013 11:03:35	PC302 Scale2	kimbo3		Net	64660 lb
					Tons	32.33

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.33	Tons				VA
2 TPT-Transportation	100	32.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1832

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16237
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-15-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605767

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/15/2013 Vehicle# 01 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1854
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 11:01:41	PC301 Scale 1	kimbo3		Tare	96860 lb 30580 lb
Out	03/15/2013 11:22:46	PC302 Scale2	kimbo3		Net	66280 lb
					Tons	32.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	33.14	Tons				VA
2 TPT-Transportation	100	33.14	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-566-7210

Original
 Ticket# 605772

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/15/2013 Vehicle# 282 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1855
 Destination Grid P4C3
 PC 5531-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	70220 lb
In 03/15/2013 11:31:33	PC301 Scale 1	kimbo3		Tare	32100 lb
Out 03/15/2013 11:53:06	PC301 Scale 2	DW		Net	36120 lb
				Tons	19.06

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.06	Tons				VA
2 TPT-Transportation	100	19.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1856

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153556
e) Trailer or Container No.: 282
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KIOC 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605771

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	03/15/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1857	Grid	P403	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76860 lb
In	03/15/2013 11:25:20	PC301 Scale 1	kimbo3		Tare	33400 lb
Out	03/15/2013 11:47:57	PC302 Scale2	DW		Net	43460 lb
					Tons	21.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.73	Tons				VA
2 TPT-Transportation	100	21.73	Tons				VA

A. J. [Signature]

Total Tax
 Total Ticket



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605777

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1846	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81220 lb
In	03/15/2013 11:50:20	PC301 Scale 1	DW		Tare	32780 lb
Out	03/15/2013 12:17:02	PC302 Scale2	DW		Net	48440 lb
					Tons	24.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.22	Tons				VA
2 TPT-Transportation	100	24.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 



NON-HAZARDOUS WASTE MANIFEST

1169

Manifest No. 1846

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-15-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt 3-15-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605775

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1447	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 11:46:37	PC301 Scale 1	DW		Tare	101400 lb
Out	03/15/2013 12:24:15	PC302 Scale2	kimbo3		Net	35520 lb
					Tons	65880 lb
						32.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	32.94	Tons				VA
2 IPT-Transportation	100	32.94	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605776

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1865			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83020 lb
In	03/15/2013 11:49:24	PC301 Scale 1	DW		Tare	31020 lb
Out	03/15/2013 12:25:45	PC302 Scale 2	kimbo3		Net	52000 lb
					Tons	26.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	26.00	Tons			VA
2	TPT-Transportation	100	26.00	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Randy



NON-HAZARDOUS WASTE MANIFEST

41547

1865

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 107847
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Rusty 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-15-13

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5 DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

'Operator' is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605781

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1850			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 11:57:38	PC301 Scale 1	DW		85400	lb
Out	03/15/2013 12:27:51	PC302 Scale2	kimbo3		26620	lb
					58780	lb
						29.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.39	Tons				VA
2 TPT-Transportation	100	29.39	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mauer





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605782

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1915			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	86160 lb
In	03/15/2013 11:58:16	PC301 Scale 1	DW		Tare	26340 lb
Out	03/15/2013 12:29:09	PC302 Scale2	kimbo3		Net	59820 lb
					Tons	29.91

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.91	Tons				VA
2 TPT-Transportation	100	29.91	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605785

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	CAREY	Volume
Ticket Date	03/15/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1859			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	89240 lb
In	03/15/2013 12:14:13	PC301 Scale 1	DW		Tare	31300 lb
Out	03/15/2013 12:41:55	PC302 Scale 2	kimbo3		Net	57940 lb
					Tons	28.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.97	Tons				VA
2 TPT-Transportation	100	28.97	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 605787

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1842			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 12:22:12	PC301 Scale 1	kimbo3		Tare	88320 lb 31200 lb
Out	03/15/2013 12:44:20	PC302 Scale2	kimbo3		Net	57120 lb
					Tons	28.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.56	Tons				VA
2 TPT-Transportation	100	28.56	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1842

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable/Both/Non-Friable/N/A
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D W CARY
b) Transporter's Address: ARLAND VIA
c) Telephone Number: (798) 4777
d) Vehicle License No./State: 24-162
e) Trailer or Container No.:
f) Name of Driver: R. ROBERTS
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 15-MARCH-2013

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605791

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier AL Fields
 Ticket Date 03/15/2013 Vehicle# 279 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1863
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	65120 lb
In	03/15/2013 12:41:26	PC301 Scale 1	kimbo3		Tare	32260 lb
Out	03/15/2013 13:11:59	PC302 Scale2	kimbo3		Net	32860 lb
					Tons	16.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.43	Tons				VA
2 TPT-Transportation	100	16.43	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1863

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: A Fields. Address: 442-5534. Telephone Number: 39-015. Vehicle License No./State: 299. Name of Driver: A Fields. Date of Receipt: 3-14-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: Transporter's Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KOC 3-15-13. The material delivered by the Transporter has been received at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: Operator's Address: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-965-7210

Original
 Ticket# 605793

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/15/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1864			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 12:45:33	PC301 Scale 1	kimbo3			67580 lb
					Tare	32700 lb
Out	03/15/2013 13:14:26	PC302 Scale 2	kimbo3		Net	34880 lb
					Tons	17.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.44	Tons				VA
2 TPT-Transportation	100	17.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41547

Manifest No. 1698

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Rusty 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Rusty 3-15-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOL 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605802

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1446			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	93000 lb
In	03/15/2013 13:25:37	PC301 Scale 1	kimbo3		Tare	34700 lb
Out	03/15/2013 14:06:37	PC302 Scale2	kimbo3		Net	58300 lb
					Tons	29.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.15	Tons				VA
2 TPT-Transportation	100	29.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605804

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1860	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 13:27:21	PC301 Scale 1	kimbo3		Tare	74480 lb
Out	03/15/2013 14:07:54	PC302 Scale2	kimbo3		Net	26880 lb
					Tons	47600 lb
						23.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.80	Tons				VA
2 TPT-Transportation	100	23.80	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1860

100

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. Type of Containers: TR.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 5 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 16-222. Trailer or Container No.: 192. Name of Driver: [blank]. Signature of Driver: Jason Thom Date of Receipt: 3-15-17.

SECTION 3 TRANSFER FACILITY (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank] Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank] Date of Receipt: [blank].

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 986-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature]. Signature of Driver: [blank] Date of Receipt: [blank].

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605806

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1916			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 13:30:47	PC301 Scale 1	kimbo3		Tare	74200 lb 27500 lb
Out	03/15/2013 14:09:11	PC302 Scale2	kimbo3		Net	46700 lb
					Tons	23.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.35	Tons				VA
2 TPT-Transportation	100	23.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1916

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16 238
Trailer or Container No.: 141
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-15-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) Kiel 3-15-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Operator's Telephone Number:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605812

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	01	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1041			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63760 lb
In	03/15/2013 13:48:45	PC301 Scale 1	kimbo3		Tare	32560 lb
Out	03/15/2013 14:11:14	PC302 Scale2	kimbo3		Net	31200 lb
					Tons	15.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.60	Tons				VA
2 TPT-Transportation	100	15.60	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605808

Customer Name	MCLEAN CONTRACTING CO	Carrier	THOMPSON DT	Volume
Ticket Date	03/15/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1858			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

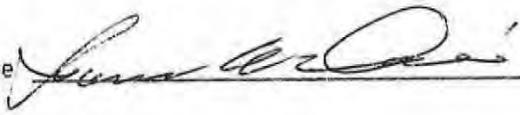
	Time	Scale	Operator	Inbound	Gross	77240 lb
In	03/15/2013 13:38:19	PC301 Scale 1	kimbo3		Tare	27490 lb
Out	03/15/2013 14:12:30	PC302 Scale2	kimbo3		Net	49760 lb
					Tons	24.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.88	Tons				VA
2 TPT-Transportation	100	24.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

1100

Manifest No. 1858

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers: TR
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-15-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-15-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 3-15-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605813

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/15/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1692			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/15/2013 13:49:16	PC301 Scale 1	kimbo3			42340 lb
Out	03/15/2013 14:13:53	PC302 Scale2	kimbo3			32080 lb
					Net	10260 lb
					Tons	5.13

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	5.13 Tons				VA
2	TPT-Transportation	100	5.13 Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605848

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/18/2013 Vehicle# 282 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1695
 Destination Grid P403
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 07:37:23	PC301 Scale 1	kimbo3		Tare	76240 lb 35340 lb
Out	03/18/2013 07:50:33	PC302 Scale2	kimbo3		Net	40900 lb
					Tons	20.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.45	Tons				VA
2 TPT-Transportation	100	20.45	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1695

282

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

Table with 2 columns: Container Type, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: P153562
e) Trailer or Container No.: 282
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:

Colony Tire

77132 (2) 899132 87047 2 Tire 11 9.22 00
 11/11/13

137 LECTE MANAGEMENT
 470 CHAMBERS RD
 CHARLES CITY, VA 23802

874-414-1334

Blank Order

		QTY	UNIT PRICE	TOTAL	TAX	TOTAL
WARRANTY	100.00 50.00 SECTION 904 50.00 DEL. TO CHARLES CITY 10.00 SECTION 11-36 DEGREE BEAD SPOT 40.00 SECTION 11-LINER SPOT	2	0.00	0.00	0.00	0.00
REP	1.00 TIRE TAX	0	2.00	0.00	2.00	2.00
REP	1.00 TIRE TAX	0	0.00	0.00	0.00	0.00
REP	0.00 SUDLY FEE	0	2.00	0.00	2.00	2.00

Dropped off Repaired Tire
 7-9-13

A35

Thank you for your business!

NET SALES

0.00

SubTotal	0.00
Tax 5.000%	0.00
Total	0.00



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605849

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1690			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	94900 lb
In	03/18/2013 07:47:25	PC301 Scale 1	kimbo3		Tare	26540 lb
Out	03/18/2013 08:11:52	PC302 Scale2	kimbo3		Net	68360 lb
					Tons	34.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	34.18	Tons				VA
2 TPT-Transportation	100	34.18	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605850

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1917			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	69900 lb
03/18/2013	07:48:14	PC301 Scale 1	kimbo3		Tare	26600 lb
Out	03/18/2013	08:13:17	PC302 Scale2		Net	43300 lb
					Tons	21.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.69	Tons			VA
2	TPT-Transportation	100	21.69	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605858

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1797			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	1B5-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 08:03:57	PC301 Scale 1	kimbo3			65780 lb
Out	03/18/2013 08:21:00	PC302 Scale2	kimbo3		Tare	27340 lb
					Net	38440 lb
					Tons	19.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.22	Tons			VA
2	TPT-Transportation	100	19.22	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C. Cook





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1797

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 54 0661
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) DC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605860

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/18/2013 Vehicle# 089 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1792 Grid P4C3
 Destination
 PG 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	78420 lb
In 03/18/2013 08:08:19	PC301 Scale 1	kimbo3		Tare	26280 lb
Out 03/18/2013 08:33:09	PC302 Scale2	kimbo3		Net	52140 lb
				Tons	26.07

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.07	Tons				VA
2 TPT-Transportation	100	26.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1732

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-18
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-18

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605861

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1751			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 08:09:14	PC301 Scale 1	kimbo3			82740 lb
					Tare	26580 lb
Out	03/18/2013 08:34:56	PC302 Scale2	kimbo3		Net	56160 lb
					Tons	28.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.08	Tons				VA
2 TPT-Transportation	100	28.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1751

Handwritten number 303

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Tons
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson Trucking
Transporter's Address:
Telephone Number:
Vehicle License No./State: 76-219
Trailer or Container No.: 223
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-18-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-18-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): Krec Date of Receipt: 3-18-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
c) Telephone Number: ()

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605862

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1790			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 08:09:56	PC301 Scale 1	kimbo3			78160 lb
Out	03/18/2013 08:37:48	PC302 Scale2	kimbo3			26460 lb
					Net	51700 lb
					Tons	25.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.85	Tons				VA
2 TAT-Transportation	100	25.85	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 199

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers: X Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Frable; Both; % Frable; Non-Frable; N/A; % non-Frable
n) Type of Containers: T R
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: James Harvey 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: James Harvey 3-18-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 25030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility: James Harvey 3-18-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605863

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1803			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	87750 lb
In	03/18/2013 08:20:26	PC301 Scale 1	kimbo3		Tare	31140 lb
Out	03/18/2013 08:42:41	PC302 Scale2	kimbo3		Net	56620 lb
					Tons	28.31

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.31	Tons				VA
2 TPT-Transportation	100	28.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605864

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	19	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1805			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	92180 lb
In	03/18/2013 08:23:46	PC301 Scale 1	kimbo3		Tare	32080 lb
Out	03/18/2013 08:45:07	PC302 Scale2	kimbo3		Net	60100 lb
					Tons	30.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.05	Tons				VA
2 TPT-Transportation	100	30.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Shoemaker City-Crabby Landfill
 Charles City, VA, 23030
 Ph: 804-966-7210

Grid# 1605867

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/18/2013 Vehicle# 282 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1696
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	76760 lb
In 03/18/2013 08:46:40	PC301 Scale 1	kimbo3		Tare	32220 lb
Out 03/18/2013 09:09:34	PC302 Scale2	kimbo3		Net	44540 lb
				Tons	22.27

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.27	Tons				VA
2 TPT-Transportation	100	22.27	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

282

Manifest No. 1696

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- SECTION 2: a) Transporter's Name: ECR, b) Transporter's Address, c) Telephone Number, d) Vehicle License No./State: P153562, e) Trailer or Container No.: 282, f) Name of Driver, g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-18-13, h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-18-13.
SECTION 3: a) Transfer Facility's Name, b) Transfer Facility's Address, c) Telephone Number, d) Vehicle License No./State, e) Trailer or Container No., f) Name of Driver, g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below, h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

- SECTION 4: a) Transporter's Name, b) Transporter's Address, c) Telephone Number, d) Vehicle License No./State, e) Trailer or Container No., f) Name of Driver, g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below, h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
SECTION 5: a) Disposal Facility's Name: Charles City Landfill, b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030, c) Telephone Number: (804) 966-7210, d) Mailing Address: Same as Above, e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-18-13, f) The material delivered by the Transporter has been received at the Disposal Facility, g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name, b) Operator's Address, c) Telephone Number, d) Recommended special handling instructions and additional information, e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605871

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/18/2013 Vehicle# 192 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1699
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	82400 lb
In	03/18/2013 09:13:23	PC301 Scale 1	kimbo3		Tare	26440 lb
Out	03/18/2013 09:39:52	PC302 Scale2	kimbo3		Net	55960 lb
					Tons	27.98

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.98	Tons				VA
2 TPT-Transportation	100	27.98	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1699

192

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Tons. Type of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 16-222. Trailer or Container No.: 192. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Jason Mann Date of Receipt: 3-17-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: [blank] Date of Receipt: [blank]

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: [blank] Date of Receipt: [blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: [blank] Date of Receipt: [blank]

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: [blank] Date of Receipt: [blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: [blank] Date of Receipt: [blank]

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-18-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: [blank] Date of Receipt: [blank]. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: [blank] Date of Receipt: [blank]

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605072

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1918			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:14:01	PC301 Scale 1	kimbo3			82200 lb
					Tare	27140 lb
Out	03/18/2013 09:41:12	PC302 Scale2	kimbo3		Net	55060 lb
					Tons	27.53

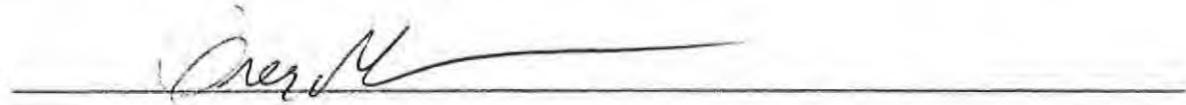
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.53	Tons				VA
2 TPT-Transportation	100	27.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141

Manifest No. 1918

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-18-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605874

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1798			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:17:22	PC301 Scale 1	kimbo3		Tare	86360 lb 26880 lb
Out	03/18/2013 09:42:59	PC302 Scale2	kimbo3		Net	59480 lb
					Tons	29.74

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.74	Tons				VA
2 TPT-Transportation	100	29.74	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C. Cole



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

160 Manifest No. 1798

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 54 061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KEC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605879

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1799	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:35:13	PC301 Scale 1	kimbo3		Tare	83300 lb 26560 lb
Out	03/18/2013 09:56:52	PC302 Scale2	kimbo3		Net	56740 lb
					Tons	28.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.37	Tons				VA
2 TPT-Transportation	100	28.37	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No. 1799

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Peed 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605880

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1801	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:36:02	PC301 Scale 1	kimbo3		83260 lb	Tare
Out	03/18/2013 09:58:22	PC302 Scale2	kimbo3		26020 lb	Net
					57240 lb	Tons
					28.62	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.62	Tons				VA
2 TPT-Transportation	100	28.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Leroy Davis



NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1801

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 823
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-18-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name: c) Telephone Number:
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605881

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1802			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:36:46	PC301 Scale 1	kimbo3		Tare	64020 lb 25720 lb
Out	03/18/2013 10:01:34	PC302 Scale2	kimbo3		Net	38300 lb
					Tons	19.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.15	Tons			VA
2	TPT-Transportation	100	19.15	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605884

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1710			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 09:42:30	PC301 Scale 1	kimbo3		Tare	84680 lb
Out	03/18/2013 10:03:49	PC302 Scale2	kimbo3		Net	30920 lb
					Tons	53760 lb
						26.88

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.88	Tons				VA
2 TPT-Transportation	100	26.88	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1710

28

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D.W. Co.
b) Transporter's Address: 11520 Rock Cross Rd
c) Telephone Number: (804) 298-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Malloy
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3/18/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3/18/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOL 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605888

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/18/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1703			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 10:09:25	PC301 Scale 1	kimbo3			72180 lb
Out	03/18/2013 10:27:51	PC302 Scale2	kimbo3		Tare	31880 lb
					Net	40300 lb
					Tons	20.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.15	Tons				VA
2 TPT-Transportation	100	20.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-955-7210

Original
 Ticket# 605893

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1704			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 10:34:03	PC301 Scale 1	kimbo3		Tare	82740 lb
Out	03/18/2013 11:05:49	PC302 Scale2	kimbo3		Net	26400 lb
					Tons	56340 lb
						28.17

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.17	Tons				VA
2 TPT-Transportation	100	28.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Morris





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

pid

Manifest No. 1704

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Peed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 16-222
 e) Trailer or Container No.: 1412
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Murrin 3-17-13
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7210
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-18-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605895

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1851	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82380 lb
In	03/18/2013 10:37:24	PC301 Scale 1	kimbo3		Tare	27020 lb
Out	03/18/2013 11:07:30	PC302 Scale2	kimbo3		Net	55360 lb
					Tons	27.68

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.68	Tons				VA
2 TPT-Transportation	100	27.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141 Manifest No. 1851

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (787) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605897

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	150	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1706			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	85800 lb
In	03/18/2013 10:49:59	PC301 Scale 1	kimbo3		Tare	27480 lb
Out	03/18/2013 11:12:14	PC302 Scale2	kimbo3		Net	58320 lb
					Tons	29.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.16	Tons				VA
2 TPT-Transportation	100	29.16	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C Cook





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1706

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: () 54 061 P
d) Vehicle License No./State:
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605898

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1707	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78300 lb
In	03/18/2013 10:55:39	PC301 Scale 1	kimbo3		Tare	26320 lb
Out	03/18/2013 11:24:47	PC302 Scale2	kimbo3		Net	51980 lb
					Tons	25.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.99	Tons				VA
2 TPT-Transportation	100	25.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

0809

Manifest No. 1707

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-221P
e) Trailer or Container No.: 3589
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605902

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1700	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81250 lb
In	03/18/2013 11:03:51	PC301 Scale 1	kimbo3		Tare	26380 lb
Out	03/18/2013 11:28:28	PC302 Scale2	kimbo3		Net	54880 lb
					Tons	27.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.44	Tons				VA
2 TPT-Transportation	100	27.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Geroy Paris



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605904

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1709			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	92060 lb
In	03/18/2013 11:07:00	PC301 Scale 1	kimbo3		Tare	26040 lb
Out	03/18/2013 11:30:43	PC302 Scale2	kimbo3		Net	66020 lb
					Tons	33.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	33.01	Tons				VA
2 TPT-Transportation	100	33.01	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1709

199

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-18-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JDC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-18-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605905

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1719			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	103460 lb
In	03/18/2013 11:11:34	PC301 Scale 1	kimbo3		Tare	31480 lb
Out	03/18/2013 11:32:55	PC302 Scale2	kimbo3		Net	71980 lb
					Tons	35.99

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	35.99	Tons			VA
2	TPT-Transportation	100	35.99	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1719

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D.W. Corp
b) Transporter's Address: 11520 Box Cross
c) Telephone Number: (804) 298-4777
d) Vehicle License No./State: 36-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Mallon
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605906

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/18/2013 Vehicle# 29 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1702
 Destination Grid P403
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	93220 lb
In	03/18/2013 11:13:57	PC301 Scale 1	kimbo3		Tare	35980 lb
Out	03/18/2013 11:37:47	PC302 Scale2	kimbo3		Net	57240 lb
					Tons	28.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.62	Tons				VA
2 TPT-Transportation	100	28.62	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

K. Anderson





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1702

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable

n) Type of Containers: T R TYPE OF CONTAINERS TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: DW CARP
b) Transporter's Address: Ft. Land
c) Telephone Number: (804) 299-4777
d) Vehicle License No./State: 35-335-VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605910

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/18/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1804			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70200 lb
In	03/18/2013 11:35:35	PC301 Scale 1	kimbo3		Tare	31960 lb
Out	03/18/2013 11:55:06	PC302 Scale2	DW		Net	38240 lb
					Tons	19.12

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.12	Tons				VA
2 TPT-Transportation	100	19.12	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605915

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1691			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82520 lb
In	03/18/2013 12:06:09	PC301 Scale 1	DW		Tare	27220 lb
Out	03/18/2013 12:26:36	PC302 Scale2	DW		Net	55300 lb
					Tons	27.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.65	Tons				VA
2 TPT-Transportation	100	27.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605914

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1712			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 12:05:17	PC301 Scale 1	DW			85200 lb
					Tare	26900 lb
Out	03/18/2013 12:24:31	PC302 Scale2	DW		Net	58300 lb
					Tons	29.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.15	Tons				VA
2 TPT-Transportation	100	29.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

192 Manifest No. 1712

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description of Waste: Same as Above. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 146-222. Trailer or Container No.: 1012. Name of Driver: [blank]. Signature of Driver: [blank] Date of Receipt: 3-18-13.

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank] Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank] Date of Receipt: [blank].

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [blank] Date of Receipt: 3-18-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



NON-HAZARDOUS WASTE MANIFEST

160

1714

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 2 columns: Container Type, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54-061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605921

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/18/2013 Vehicle# 089 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1715
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 03/18/2013 12:22:15	PC301 Scale 1 DW			83320 lb	
Out 03/18/2013 12:51:41	PC302 Scale2 kimbo3			26900 lb	
				Net	56520 lb
				Tons	28.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.26	Tons				VA
2 TPT-Transportation	100	28.26	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No 1715

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BE - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 227 P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-18
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-18

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt 3-18-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605925

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1716			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 12:34:39	PC301 Scale 1	kimbo3			73960 lb
Out	03/18/2013 12:55:03	PC302 Scale2	kimbo3			26600 lb
					Net	47360 lb
					Tons	23.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.68	Tons				VA
2 TPT-Transportation	100	23.68	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Garry Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605924

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1718	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81900 lb
In	03/18/2013 12:33:24	PC301 Scale 1	kimbo3		Tare	26600 lb
Out	03/18/2013 12:57:00	PC302 Scale 2	kimbo3		Net	55300 lb
					Tons	27.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	27.65	Tons			VA
2	TPT-Transportation	100	27.65	Tons			

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1718

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

1 0 1 4 0 0 V A

m) Asbestos ONLY - Friable, Both, % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 8 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 199
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Horney Date of Receipt: 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Horney Date of Receipt:

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Horney Date of Receipt: 3-18-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605933

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1686			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81460 lb
In	03/18/2013 12:50:05	PC301 Scale 1	kimbo3		Tare	31800 lb
Out	03/18/2013 13:15:58	PC302 Scale2	kimbo3		Net	49660 lb
					Tons	24.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.83	Tons				VA
2 TPT-Transportation	100	24.83	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1686

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: D.W. Co
b) Transporter's Address: 11520 Fox Cross Rd
c) Telephone Number: (804) 298-4777
d) Vehicle License No./State: 35-334
e) Trailer or Container No.:
f) Name of Driver: D.L. Miller
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-18-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605934

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/18/2013	Vehicle#	29	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1720	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	89680 lb
In	03/18/2013 12:50:44	PC301 Scale 1	kimbo3		Tare	35880 lb
Out	03/18/2013 13:17:44	PC302 Scale2	kimbo3		Net	53800 lb
					Tons	26.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.90	Tons				VA
2 TPT-Transportation	100	26.90	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

K Anderson





NON-HAZARDOUS WASTE MANIFEST

29

Manifest No. 1720

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**

b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**

c) Generator's Representative: **Bryan Peed**

d) Telephone Number: **(757) 341-0480**

e) WASTE MANAGEMENT APPROVAL CODE

i) Generating Location (Name): **Same**

k) Address: **Same**

l) Telephone Number: () **Same**

1 0 1 4 0 0 V A

f) Common Name of Waste: **Dredge Sediment**

g) Description of Waste: **Same as Above**

h) Disposal Volume: **One (1)**

Tons Cubic Yards **X** Other **Load**

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **D W CACY**

b) Transporter's Address: **ASH 12-01**

c) Telephone Number: **(804) 298 4777**

d) Vehicle License No./State: **35-375 VA**

e) Trailer or Container No.: **29**

f) Name of Driver: **K Anderson**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K Anderson **3/18/13**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
K Anderson **3/18/13**
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Charles City Landfill**

b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**

c) Telephone Number: **(804) 966-7210**

d) Mailing Address: **Same as Above**

e) Name of Disposal Facility's Authorized Agent (print/type) **JQC 3-18-13**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605935

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/18/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1711			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 12:52:59	PC301 Scale 1	kimbo3		Tare	70860 lb 32640 lb
Out	03/18/2013 13:20:12	PC302 Scale2	kimbo3		Net	38220 lb
					Tons	19.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.11	Tons				VA
2 TPT-Transportation	100	19.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605942

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1795	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81800 lb
In	03/18/2013 13:21:31	PC301 Scale 1	kimbo3		Tare	26840 lb
Out	03/18/2013 13:44:05	PC302 Scale 2	kimbo3		Net	54960 lb
					Tons	27.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.48	Tons				VA
2 TPT-Transportation	100	27.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maurus



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605945

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1705			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

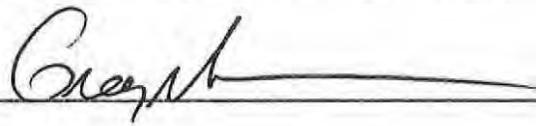
	Time	Scale	Operator	Inbound	Gross	74580 lb
In	03/18/2013 13:26:32	PC301 Scale 1	kimbo3		Tare	27240 lb
Out	03/18/2013 13:45:58	PC302 Scale2	kimbo3		Net	47340 lb
					Tons	23.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.67	Tons				VA
2 TPT-Transportation	100	23.67	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1705

141

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; Non-Friable; N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-18-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) HOC 3-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

1) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605949

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/18/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1911			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/18/2013 13:47:21	PC301 Scale 1	kimbo3		Tare	70120 lb
Out	03/18/2013 14:11:11	PC302 Scale2	kimbo3		Net	28120 lb
					Tons	42000 lb
						21.00

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.00	Tons				VA
2 TPT-Transportation	100	21.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C Cook





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1911

100

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 54 061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cox
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605984

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/19/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1914			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 07:33:07	PC301 Scale 1	kimbo3		Tare	74200 lb 32240 lb
Out	03/19/2013 07:54:12	PC302 Scale2	kimbo3		Net	41960 lb
					Tons	20.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.98	Tons				VA
2 TPT-Transportation	100	20.98	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

282

1914

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153562
e) Trailer or Container No.: 282
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Alcala Cortez Date of Receipt: 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Alcala Cortez Date of Receipt: 3-19-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605986

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1683			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79660 lb
In	03/19/2013 07:40:23	PC301 Scale 1	kimbo3		Tare	26900 lb
Out	03/19/2013 07:59:37	PC302 Scale2	kimbo3		Net	52760 lb
					Tons	26.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.38	Tons				VA
2 TPT-Transportation	100	26.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mauris





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1683

Handwritten initials

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE: 101 400VA

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 116-222

e) Trailer or Container No.: 192

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Mann 3-19-13
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-19-13

f) The material delivered by the Transporter has been received at the Disposal Facility.

 Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

 Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605985

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1713	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 07:39:52	PC301 Scale 1	kimbo3		Tare	78400 lb
Out	03/19/2013 08:01:21	PC302 Scale2	kimbo3		Net	27300 lb
					Tons	51100 lb
						25.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.55	Tons				VA
2 TPT-Transportation	100	25.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1713

141

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable; Both; % Friable; Non-Friable; N/A; % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 13-19-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KDC 319-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605992

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1000	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 07:49:49	PC301 Scale 1	kimbo3		80880	lb
Out	03/19/2013 08:14:39	PC302 Scale2	kimbo3		26500	lb
					54380	lb
						Tons
						27.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	27.19	Tons			VA
2	TPT-Transportation	100	27.19	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Leroy Davis





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1800

203

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

i) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 229
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-19-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): ROC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605991

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1688			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 07:48:55	PC301 Scale 1	kimbo3			82100 lb
Out	03/19/2013 08:16:27	PC302 Scale2	kimbo3			26240 lb
					Net	55860 lb
					Tons	27.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.93	Tons				VA
2 TPT-Transportation	100	27.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1688

199

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-188P
e) Trailer or Container No.: 192
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: James Harvey Date of Receipt: 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: James Harvey Date of Receipt: 3-19-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility. [Signature] 3-19-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605996

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1923			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81060 lb
In	03/19/2013 08:00:57	PC301 Scale 1	kimbo3		Tare	26360 lb
Out	03/19/2013 08:20:12	PC302 Scale2	kimbo3		Net	54700 lb
					Tons	27.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.35	Tons				VA
2 TPT-Transportation	100	27.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

089

1923

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 221P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-19
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-19

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KRC 3-19-B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 605998

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/19/2013 Vehicle# 160 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1681 Grid P403
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	82960 lb
In	03/19/2013 08:04:16	PC301 Scale 1	kimbo3		Tare	28140 lb
Out	03/19/2013 08:23:32	PC302 Scale2	kimbo3		Net	54820 lb
					Tons	27.41

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.41	Tons				VA
2 TPT-Transportation	100	27.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free

C Cook



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1685

29

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: DW GARY
b) Transporter's Address: ASLAND
c) Telephone Number: (804) 298 4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: K Anderson Date of Receipt: 3/19/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/19/13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606001

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/19/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1647			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	85460 lb
In	03/19/2013 08:06:14	PC301 Scale 1	kimbo3		Tare	32760 lb
Out	03/19/2013 08:49:50	PC302 Scale2	kimbo3		Net	52700 lb
					Tons	26.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.35	Tons				VA
2 TPT-Transportation	100	26.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1647

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: D.W. Corp. Address: 11520 Fox Creek. Telephone: (804) 718-4777. Vehicle License No./State: 35-334. Driver: D.L. Malloy. Date of Receipt: 3-19-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Date of Receipt.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 968-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: JOC 3-19-13. Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606006

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/19/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1178			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 08:29:32	PC301 Scale 1	kimbo3		Tare	92160 lb
Out	03/19/2013 09:06:57	PC302 Scale2	kimbo3		Net	30360 lb
					Tons	61800 lb
						30.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.90	Tons				VA
2 TPT-Transportation	100	30.90	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Reuty





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1178

41547

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 107856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606007

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1450			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 08:31:18	PC301 Scale 1	kimbo3		Tare	91640 lb 34740 lb
Out	03/19/2013 09:08:58	PC302 Scale2	kimbo3		Net	56900 lb
					Tons	28.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.45	Tons				VA
2 TPT-Transportation	100	28.45	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1450

40401

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 49401
f) Name of Driver: Kevin Silver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-18-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606010

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/19/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1655	Grid	P4C3	
Destination	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	77720 lb
In	03/19/2013 08:45:46	PC301 Scale 1	kimbo3		Tare	32800 lb
Out	03/19/2013 09:13:37	PC302 Scale2	kimbo3		Net	44920 lb
					Tons	22.46

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.46	Tons				VA
2 TPT-Transportation	100	22.46	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1655

274

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address: 34500 RD
c) Telephone Number: (804)
d) Vehicle License No./State: 153557
e) Trailer or Container No.: 274
f) Name of Driver: Cliff Johnson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Cliff Johnson Date of Receipt: 3/19/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Cliff Johnson Date of Receipt: 3/19/13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606011

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/19/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1684			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70100 lb
In	03/19/2013 08:46:17	PC301 Scale 1	kimbo3		Tare	32060 lb
Out	03/19/2013 09:14:47	PC302 Scale2	kimbo3		Net	38040 lb
					Tons	19.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.02	Tons			VA
2	TPT-Transportation	100	19.02	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

282

1684

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153562
e) Trailer or Container No.: 282
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Charles Cook Date of Receipt: 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Charles Cook Date of Receipt: 3-19-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606009

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/19/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1689			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 08:33:38	PC301 Scale 1	kimbo3		Tare	87420 lb 28360 lb
Out	03/19/2013 09:18:54	PC302 Scale2	kimbo3		Net	59060 lb
					Tons	29.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.53	Tons				VA
2 TPT-Transportation	100	29.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

1169

Manifest No. 1689

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) POC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 606016

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1645			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79420 lb
In	03/19/2013 08:55:40	PC301 Scale 1	kimbo3		Tare	27000 lb
Out	03/19/2013 09:20:59	PC302 Scale2	kimbo3		Net	52420 lb
					Tons	26.21

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.21	Tons				VA
2 TPT-Transportation	100	26.21	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1645

190

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Jason Munn Date of Receipt 3-19-17
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) RO 3-19-17
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606018

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1796	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67360 lb
In	03/19/2013 09:00:44	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	03/19/2013 09:23:55	PC302 Scale2	kimbo3		Net	40140 lb
					Tons	20.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.07	Tons				VA
2 TPT-Transportation	100	20.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1796

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

1 0 1 4 0 0 V A

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-19-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606022

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1649			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80820 lb
In	03/19/2013 09:20:20	PC301 Scale 1	kimbo3		Tare	26700 lb
Out	03/19/2013 09:45:17	PC302 Scale2	kimbo3		Net	54120 lb
					Tons	27.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.06	Tons				VA
2 TPT-Transportation	100	27.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

203

Manifest No. 1649

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1). Type of Containers: TR.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson Trucking. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 76-219. Trailer or Container No.: 223. Name of Driver: [blank]. Signature of Driver: Leroy Davis, Date of Receipt: 3-19-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank], Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank], Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KOC 3-19-13. Signature of Driver: [blank], Date of Receipt: [blank].

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606023

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1648	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 09:22:03	PC301 Scale 1	kimbo3		Tare	68260 lb 26180 lb
Out	03/19/2013 09:46:54	PC302 Scale2	kimbo3		Net	42080 lb
					Tons	21.04

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.04	Tons				VA
2 TPT-Transportation	100	21.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1648

199

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16-188P
Trailer or Container No.:
Name of Driver: JAMES HARVEY
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-19-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-19-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): CRC 3-19-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-19-13
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Telephone Number:
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606025

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/19/2013 Vehicle# 160 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1650
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	61620 lb
In	03/19/2013 09:25:04	PC301 Scale 1	kimbo3		Tare	28300 lb
Out	03/19/2013 09:49:13	PC302 Scale2	kimbo3		Net	33320 lb
					Tons	16.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.66	Tons				VA
2 TPT-Transportation	100	16.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C. Cook



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1650

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 34-061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1749

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Tons
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter 1: DW Corp, Ashland, (804) 598-4777, 35-335 VA, 29, K Anderson, 3/19/13
Transfer Facility: (blank)

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

Transporter 2: (blank)
Destination: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, Same as Above, K... 3-19-13

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606030

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	cary	Volume
Ticket Date	03/19/2013	Vehicle#	28	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1665			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 09:44:45	PC301 Scale 1	kimbo3		Tare	85660 lb 33020 lb
Out	03/19/2013 10:27:29	PC302 Scale2	kimbo3		Net	52640 lb
					Tons	26.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.32	Tons				VA
2 TPT-Transportation	100	26.32	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1665

28

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, % Friable Non-Friable N/A % non-Friable
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: D. W. Cary
b) Transporter's Address: 11520 Fox Cross
c) Telephone Number: (804) 294-4777
d) Vehicle License No./State: 25-334
e) Trailer or Container No.:
f) Name of Driver: D. W. Cary
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606024

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1651	Grid	P4C3	
Destination	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 09:23:32	PC301 Scale 1	kimbo3		Tare	76980 lb 26500 lb
Out	03/19/2013 10:28:40	PC302 Scale2	kimbo3		Net	50480 lb
					Tons	25.24

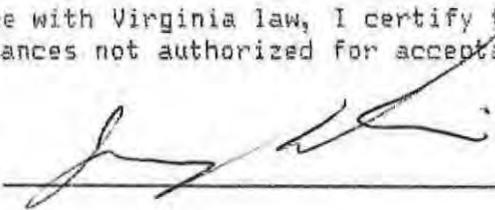
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.24	Tons				VA
2 TPT-Transportation	100	25.24	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606041

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/19/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1668			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 10:17:45	PC301 Scale 1	kimbo3			75000 lb
Out	03/19/2013 10:36:43	PC302 Scale2	kimbo3			33160 lb
					Net	41840 lb
					Tons	20.92

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.92	Tons				VA
2 TPT-Transportation	100	20.92	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1668

274

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same

101 400VA

m) Asbestos ONLY - Friable, Both, % Friable
Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: OKK
b) Transporter's Address: 3450 CC RD
c) Telephone Number: (404) 328-1144
d) Vehicle License No./State: 153557
e) Trailer or Container No.: 274
f) Name of Driver: Cliff Johnson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KCC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606038

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/19/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1644	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 10:14:40	PC301 Scale 1	kimbo3		Tare	75280 lb 32300 lb
Out	03/19/2013 10:30:35	PC302 Scale 2	kimbo3		Net	42980 lb
					Tons	21.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.49	Tons				VA
2 TPT-Transportation	100	21.49	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1644

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: ECR
Transporter's Address:
Telephone Number:
Vehicle License No./State: P153567
Trailer or Container No.: 282
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-19-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-19-13

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-19-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
Operator's Name:
Operator's Address:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41507

Manifest No. 1653

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 167856
e) Trailer or Container No.: 41847
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Rusty Date of Receipt: 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Rusty Date of Receipt: 3-19-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) HOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606036

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1697			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	95740 lb
In	03/19/2013 10:13:03	PC301 Scale 1	kimbo3		Tare	34840 lb
Out	03/19/2013 10:42:19	PC302 Scale2	kimbo3		Net	60900 lb
					Tons	30.45

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.45	Tons				VA
2 TPT-Transportation	100	30.45	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606042

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1913			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78340 lb
In	03/19/2013 10:18:18	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	03/19/2013 10:44:07	PC302 Scale2	kimbo3		Net	51120 lb
					Tons	25.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.56	Tons				VA
2 TPT-Transportation	100	25.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mauer





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1913

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 116-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Jason Manis Date of Receipt 3-19-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606043

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1682			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	79880 lb
In	03/19/2013 10:18:51	PC301 Scale 1	kimbo3		Tare	27280 lb
Out	03/19/2013 10:45:24	PC302 Scale2	kimbo3		Net	52600 lb
					Tons	26.30

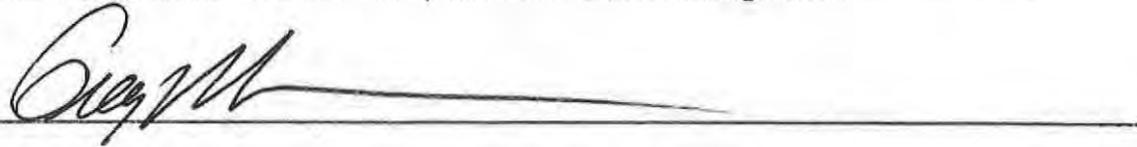
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.30	Tons				VA
2 TPT-Transportation	100	26.30	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature






WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1682

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606046

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1701			
Destination		Grid	P403	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82140 lb
In	03/19/2013 10:38:08	PC301 Scale 1	kimbo3		Tare	28420 lb
Out	03/19/2013 11:05:40	PC302 Scale2	kimbo3		Net	53720 lb
					Tons	26.86

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.86	Tons				VA
2 TPT-Transportation	100	26.86	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1701

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KDC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606048

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/19/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1663			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 10:43:38	PC301 Scale 1	kimbo3		Tare	77500 lb 28180 lb
Out	03/19/2013 11:07:08	PC302 Scale2	kimbo3		Net	49320 lb
					Tons	24.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.66	Tons				VA
2 TPT-Transportation	100	24.66	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C. Coch





Charles City County Landfill
 2000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606052

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier Cary
 Ticket Date 03/19/2013 Vehicle# 28 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1576 Grid P403
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 11:23:36	PC301 Scale 1	kimbo3		33040	lb
Out	03/19/2013 11:51:42	PC301 Scale 2	DW		55860	lb
						Tons
						27.93

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.93	Tons				VA
2 TPT-Transportation	100	27.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1676

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: T R
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: D. W. Comy
b) Transporter's Address: 11520 Fox Creek
c) Telephone Number: (804) 798-4771
d) Vehicle License No./State: 38-334
e) Trailer or Container No.:
f) Name of Driver: D. Le Mottory
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3/19/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3/19/13
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Joe 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-866-7210

Original
 Ticket# 686057

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier cary
 Ticket Date 03/19/2013 Vehicle# 25 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1552
 Destination Grid P403
 PG 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	92040	lb
In	03/19/2013 11:22:55	PC301 Scale 1	kimbo3		Tare	33420	lb
Out	03/19/2013 11:57:01	PC301 Scale 2	DW		Net	58620	lb
					Tons		29.31

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	29.31	Tons				VA
2 TPT-Transportation	100	29.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

K Anderson





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1652

29

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: T R

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: DW Carly
b) Transporter's Address: Ashland
c) Telephone Number: (804) 798-4777
d) Vehicle License No./State: 35-335 VA
e) Trailer or Container No.: 29
f) Name of Driver: K Anderson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/19/13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: K Anderson Date of Receipt: 3/19/13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): AOC 3-19-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606061

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR
 Ticket Date 03/19/2013 Vehicle# 282 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1654 Grid P403
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 11:28:55	PC301 Scale 1	kimbo3		67580 lb	
Out	03/19/2013 12:23:47	PC301 Scale 2	kimbo3		31460 lb	
					Net	36120 lb
					Tare	18.06

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.06	Tons				VA
2 TPT-Transportation	100	18.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1654

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: ECL. Address: . Telephone Number: . Vehicle License No./State: P153562. Trailer or Container No.: 282. Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-19-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-19-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Transfer Facility's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: . I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: .

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: . Transporter's Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: . I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: .

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): Kell 3-19-13. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: . Telephone Number: () . Operator's Address: . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: .



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606053

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1660	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71640 lb
In	03/19/2013 11:06:49	PC301 Scale 1	kimbo3		Tare	25700 lb
Out	03/19/2013 12:30:07	PC302 Scale 2	kimbo3		Net	45940 lb
					Tons	22.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.97	Tons			VA
2	TPT-Transportation	100	22.97	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Gray Davis



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606054

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1661			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 11:03:35	PC301 Scale 1	kimbo3		68200	lb
Out	03/19/2013 12:32:24	PC302 Scale 2	kimbo3		25480	lb
					Net	42720
					Tons	21.36

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.36	Tons			VA
2	TPT-Transportation	100	21.36	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

James Harvey



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1661

199

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 16-188P, Driver James Harvey, Date of Receipt 3-19-13.

Transfer Facility: Name, Address, Telephone, Vehicle License No., Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: Name, Address, Telephone, Vehicle License No., Driver, Date of Receipt.

Destination: Disposal Facility's Name Charles City Landfill, Physical Address 8000 Chambers Rd, Charles City, VA 23030, Telephone (804) 966-7210, Mailing Address Same as Above, Authorized Agent JRC 3-19-13, Date of Receipt 3-19-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Operator's Name (print/type), Signature of Operator's Authorized Agent, Date.



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606064

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/19/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1662	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/19/2013 11:36:32	PC301 Scale 1	kimbo3			83720 lb
Out	03/19/2013 12:34:56	PC302 Scale2	kimbo3		Tare	26420 lb
					Net	57300 lb
					Tons	28.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.65	Tons				VA
2 TPT-Transportation	100	28.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1662

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

c) Generator's Representative: Bryan Peed

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Dredge Sediment

g) Description of Waste: Same as Above

h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

j) Generating Location (Name): Same

k) Address: Same

l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable

n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 8 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-2218

e) Trailer or Container No.: 3089

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt 3-19

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt 3-19

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 986-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-19-13

f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606214

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1670			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72200 lb
In	03/21/2013 07:36:48	PC301 Scale 1	kimbo3		Tare	25940 lb
Out	03/21/2013 07:57:25	PC302 Scale2	kimbo3		Net	46260 lb
					Tons	23.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.13	Tons				VA
2 TPT-Transportation	100	23.13	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Maus





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1670

Handwritten initials

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 116-222
e) Trailer or Container No.: 1412
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HQ 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606215

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1912	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76120 lb
In	03/21/2013 07:40:23	PC301 Scale 1	kimbo3		Tare	26560 lb
Out	03/21/2013 07:59:02	PC302 Scale2	kimbo3		Net	49560 lb
					Tons	24.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.78	Tons				VA
2 TPT-Transportation	100	24.78	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

191

Manifest No. 1912

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

101 400VA

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 6 mil. Plastic Bag BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-21-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification. I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606217

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1615			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 07:47:37	PC301 Scale 1	kimbo3			84000 lb
					Tare	26300 lb
Out	03/21/2013 08:10:35	PC302 Scale2	kimbo3		Net	57620 lb
					Tons	28.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.81	Tons				VA
2 TPT-Transportation	100	28.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1615

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Table with 2 columns: Container Type and Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1 details: Name Thompson, Address, Telephone, Vehicle License No. 18-239P, Trailer or Container No. 187, Name of Driver James Harvey. Includes warrant and signature of driver James Harvey dated 3-21-13.

Transfer Facility details: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver. Includes warrant and signature of driver dated 3-21-13.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2 details: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver. Includes warrant and signature of driver dated 3-21-13.

Destination details: Disposal Facility Name Charles City Landfill, Physical Address 8000 Chambers Rd, Charles City, VA 23030, Telephone (804) 966-7210, Mailing Address Same as Above. Includes Name of Disposal Facility's Authorized Agent James Harvey and signature dated 3-21-13.

SECTION 6 ASBESTOS (operator to complete)

Operator information: Operator's Name, Address, Telephone Number, Recommended special handling instructions, and Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606218

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1951			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 07:50:16	PC301 Scale 1	kimbo3		81660 lb	
Out	03/21/2013 08:12:48	PC302 Scale2	kimbo3		26320 lb	
					Net	55340 lb
					Tons	27.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.67	Tons				VA
2 TPT-Transportation	100	27.67	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *Kenan Davis*





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1951

003

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable, Both, % Friable

g) Description of Waste: Same as Above

Non-Friable N/A % non-Friable

h) Disposal Volume: One (1)

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Tons Cubic Yards X Other Load

i) Number of Containers:

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking

a) Transfer Facility's Name:

b) Transporter's Address:

b) Transfer Facility's Address:

c) Telephone Number: ()

c) Telephone Number: ()

d) Vehicle License No./State: 16-219

d) Vehicle License No./State:

e) Trailer or Container No.: 223

e) Trailer or Container No.:

f) Name of Driver:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Leroy Davis 3-21-13

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Leroy Davis 3-21-13

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:

a) Disposal Facility's Name: Charles City Landfill

b) Transporter's Address:

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: ()

c) Telephone Number: (804) 966-7210

d) Vehicle License No./State:

d) Mailing Address: Same as Above

e) Trailer or Container No.:

e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-21-13

f) Name of Driver:

f) The material delivered by the Transporter has been received at the Disposal Facility.

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606221

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1673			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 07:58:35	PC301 Scale 1	kimbo3			87660 lb
					Tare	26580 lb
Out	03/21/2013 08:18:35	PC302 Scale2	kimbo3		Net	61080 lb
					Tons	30.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.54	Tons				VA
2 TPT-Transportation	100	30.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

C Cook

FW03WMA's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1672

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 34-001 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606222

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1677			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 08:00:43	PC301 Scale 1	kimbo3		96260 lb	
Out	03/21/2013 08:23:01	PC302 Scale2	kimbo3		26300 lb	
					Net	59960 lb
					Tons	29.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.98	Tons				VA
2 TPT-Transportation	100	29.98	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606224

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1415			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

Time	Scale	Operator	Inbound	Gross	75400 lb
In 03/21/2013 08:03:00	PC301 Scale 1	kimbo3		Tare	26220 lb
Out 03/21/2013 08:25:54	PC302 Scale2	kimbo3		Net	49180 lb
				Tons	24.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.59	Tons				VA
2 TPT-Transportation	100	24.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature *RSC*





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606227

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/21/2013 Vehicle# 1169 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1657
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	81900 lb
In 03/21/2013 08:15:19	PC301 Scale 1	kimbo3		Tare	28740 lb
Out 03/21/2013 08:41:34	PC302 Scale2	kimbo3		Net	53160 lb
				Tons	26.58

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.58	Tons				VA
2 TPT-Transportation	100	26.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606231

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1656			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	105620 lb
In	03/21/2013 08:30:24	PC301 Scale 1	kimbo3		Tare	35440 lb
Out	03/21/2013 08:56:58	PC302 Scale2	kimbo3		Net	70180 lb
					Tons	35.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	35.09	Tons				VA
2 TPT-Transportation	100	35.09	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606232

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1667			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 08:31:33	PC301 Scale 1	kimbo3			82880 lb
Out	03/21/2013 08:59:05	PC302 Scale2	kimbo3			30900 lb
					Net	51980 lb
					Tons	25.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.99	Tons			VA
2	TPT-Transportation	100	25.99	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Randy





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41547

Manifest No. 1667

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 854
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23080
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destinator. (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606236

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1658			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	87160 lb
In	03/21/2013 09:20:16	PC301 Scale 1	kimbo3		Tare	25980 lb
Out	03/21/2013 09:35:38	PC302 Scale2	kimbo3		Net	61180 lb
					Tons	30.59

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.59	Tons				VA
2 TPT-Transportation	100	30.59	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

174937464's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

RA

Manifest No. 1658

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable, Both, % Friable Non-Friable N/A % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 11e-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) RA 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chamber's Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original Ticket# 606238

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1569	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80900 lb
In	03/21/2013 09:22:33	PC301 Scale 1	kimbo3		Tare	26460 lb
Out	03/21/2013 09:40:35	PC302 Scale2	kimbo3		Net	54440 lb
					Tons	27.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.22	Tons				VA
2 TPT-Transportation	100	27.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606239

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1952			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 09:23:06	PC301 Scale 1	kimbo3		75000 lb	
Out	03/21/2013 09:42:36	PC302 Scale2	kimbo3		26020 lb	
					Net	48980 lb
					Tons	24.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.49	Tons				VA
2 TPT-Transportation	100	24.49	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jeremy Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1952

203

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606240

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/21/2013 Vehicle# 160 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1571
 Destination Grid P4C3
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	77220 lb
In	03/21/2013 09:23:51	PC301 Scale 1	kimbo3		Tare	27020 lb
Out	03/21/2013 09:44:50	PC302 Scale2	kimbo3		Net	50200 lb
					Tons	25.10

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.10	Tons				VA
2 TPT-Transportation	100	25.10	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C. Cal





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1571

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54-061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Chris Cook Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HQ 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606235

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1671			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 09:19:47	PC301 Scale 1	kimbo3			40180 lb
Out	03/21/2013 09:46:57	PC302 Scale2	kimbo3			26020 lb
					Net	14160 lb
					Tons	7.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	7.08	Tons				VA
2 TPT-Transportation	100	7.08	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606241

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1572			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 09:24:31	PC301 Scale 1	kimbo3			75360 lb
Out	03/21/2013 09:49:10	PC302 Scale2	kimbo3			26300 lb
					Net	49060 lb
					Tons	24.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.53	Tons				VA
2 TPT-Transportation	100	24.53	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606242

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/21/2013 Vehicle# 41509 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1416 Grid P403
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71800 lb
In	03/21/2013 09:26:55	PC301 Scale 1	kimbo3		Tare	29920 lb
Out	03/21/2013 09:58:35	PC302 Scale 2	kimbo3		Net	41880 lb
					Tons	20.94

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.94	Tons				VA
2 TPT-Transportation	100	20.94	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-956-7210

Original
 Ticket# 606244

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1672	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	89380 lb
In	03/21/2013 09:48:34	PC301 Scale 1	kimbo3		Tare	29280 lb
Out	03/21/2013 10:13:07	PC302 Scale2	kimbo3		Net	60100 lb
					Tons	30.05

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.05	Tons				VA
2 TPT-Transportation	100	30.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1672

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: 757-341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 13-390. Trailer or Container No.: 1169. Name of Driver: James Davis. Date of Receipt: 3-21-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Date of Receipt: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature] 3-21-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone: [blank]. Recommended special handling instructions: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606251

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/21/2013 Vehicle# 40401 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1666 Grid P403
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	95500 lb
In	03/21/2013 10:18:51	PC301 Scale 1	kimbo3		Tare	37800 lb
Out	03/21/2013 10:45:50	PC302 Scale2	kimbo3		Net	57620 lb
					Tons	28.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.81	Tons				VA
2 TPT-Transportation	100	28.81	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1666

40401

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: 13119. Telephone Number: 40401. Vehicle License No./State: 40401. Name of Driver: Kevin Silva. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-21-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-21-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: Address: Telephone Number: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): 3-21-13. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: Address: Telephone Number: Recommended special handling instructions and additional information: Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606250

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1576			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:18:11	PC301 Scale 1	kimbo3			87560 lb
Out	03/21/2013 10:48:36	PC302 Scale2	kimbo3		Tare	30840 lb
					Net	56820 lb
					Tons	28.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.41	Tons				VA
2 TPT-Transportation	100	28.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

41547

1576

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107856
e) Trailer or Container No.: 41547
f) Name of Driver: Peedy
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Peedy Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Peedy Date of Receipt: 3-21-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Kell 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606255

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1616			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:32:35	PC301 Scale 1	kimbo3		79680	1b
Out	03/21/2013 10:53:35	PC302 Scale2	kimbo3		26220	1b
					Net	53460 1b
					Tons	26.73

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.73	Tons				VA
2 TPT-Transportation	100	26.73	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1616

102

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek**
b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 2**
c) Generator's Representative: **Bryan Peed**
d) Telephone Number: **(757) 341-0480**
e) WASTE MANAGEMENT APPROVAL CODE [][] [][] [][] [][]
f) Common Name of Waste: **Dredge Sediment**
g) Description of Waste: **Same as Above**
h) Disposal Volume: **One (1)** Tons Cubic Yards Other **Load**
i) Number of Containers: _____

j) Generating Location (Name): **Same**
k) Address: **Same**
l) Telephone Number: () **Same**
m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: *Thompson*
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: *11e-222*
e) Trailer or Container No.: *192*
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Jason Moore *3-21-13*
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Charles City Landfill**
b) Physical Address: **8000 Chambers Rd, Charles City, VA 23030**
c) Telephone Number: **(804) 966-7210**
d) Mailing Address: **Same as Above**
e) Name of Disposal Facility's Authorized Agent (print/type) *Joe 3-21-13*
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606257

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1577			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:43:20	PC301 Scale 1	kimbo3		Tare	72400 lb
Out	03/21/2013 11:02:37	PC302 Scale2	kimbo3		Net	26300 lb
					Tons	46100 lb
						23.05

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.05	Tons				VA
2 TPT-Transportation	100	23.05	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1577

187

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable: Both: % Friable Non-Friable N/A % non-Friable

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-239P
e) Trailer or Container No.: 187
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver James Harvey Date of Receipt 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver James Harvey Date of Receipt 3-21-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Kelly Date of Receipt 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver James Harvey Date of Receipt 3-21-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606258

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1578			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:43:54	PC301 Scale 1	kimbo3		Tare	68280 lb 26300 lb
Out	03/21/2013 11:05:03	PC302 Scale2	kimbo3		Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.99	Tons				VA
2 TPT-Transportation	100	20.99	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jeroy Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1578

200

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY - Friable: Both: % Friable Non-Friable: N/A % non-Friable
n) Type of Containers: TR

Table with 2 columns: Container Type (TR, DM, DP, BA, BB, BC) and Description (Truck, Metal Drum, Plastic Drum, Bag, 6 mil. Plastic Bag, 12 mil. Plastic Bag)

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KRL 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606260

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1579			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:54:51	PC301 Scale 1	kimbo3		72960 lb	
Out	03/21/2013 11:12:40	PC302 Scale2	kimbo3		26620 lb	
					Net	46340 lb
					Tons	23.17

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.17	Tons				VA
2 TPT-Transportation	100	23.17	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C. Col





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1579

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Tons. Number of Containers: TR. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: . Telephone Number: () . Vehicle License No./State: 54 061 P. Trailer or Container No.: No. Name of Driver: Chris Cook. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Chris Cook Date of Receipt: 3-21-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: . Address: . Telephone Number: () . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Date of Receipt: I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver: Date of Receipt:

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): KOL 3-21-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: Date of Receipt: The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: . Telephone Number: () . Operator's Address: . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606261

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1659			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:57:12	PC301 Scale 1	kimbo3		75360	1b
Out	03/21/2013 11:14:00	PC302 Scale2	kimbo3		26480	1b
					Net	48880 1b
					Tons	24.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.44	Tons				VA
2 TPT-Transportation	100	24.44	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1659

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16233
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3/21/17

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606262

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1580			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 10:57:43	PC301 Scale 1	kimbo3		71460 lb	
Out	03/21/2013 11:17:32	PC302 Scale2	kimbo3		26300 lb	
					Net	45160 lb
					Tons	22.58

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.58	Tons				VA
2 TPT-Transportation	100	22.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1580

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1)
Number of Containers: X Other Load

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson Trucking
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16-221P
Trailer or Container No.: 3089
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-21
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-21

Transfer Facility's Name:
Transfer Facility's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter's Name:
Transporter's Address:
Telephone Number:
Vehicle License No./State:
Trailer or Container No.:
Name of Driver:
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

Disposal Facility's Name: Charles City Landfill
Physical Address: 8000 Chambers Rd, Charles City, VA 23030
Telephone Number: (804) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) [Signature]
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name:
Operator's Address:
Telephone Number:
Recommended special handling instructions and additional information:
Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1417

flowers

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Table with 1 column and 6 rows: TYPE OF CONTAINERS. TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 32115. Trailer or Container No.: 471505. Name of Driver: Eddie Craft. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver: Eddie Craft Date of Receipt: 3-21-13.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-21-13. The material delivered by the Transporter has been received at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606268

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1574			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 11:27:03	PC301 Scale 1	kimbo3		Tare	91360 lb 31060 lb
Out	03/21/2013 11:51:48	PC302 Scale2	DW		Net	60300 lb
					Tons	30.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.15	Tons				VA
2 TPT-Transportation	100	30.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

AMM





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1574

1169

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: . Telephone Number: . Vehicle License No./State: 13-390. Trailer or Container No.: 1169. Name of Driver: James Davis. Date of Receipt: 3-21-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: . Address: . Telephone Number: . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Date of Receipt: .

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: . Address: . Telephone Number: . Vehicle License No./State: . Trailer or Container No.: . Name of Driver: . Date of Receipt: .

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): [Signature] 3-21-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: . Address: . Telephone Number: . Recommended special handling instructions and additional information: . Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606273

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1617			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 11:44:35	PC301 Scale 1	kimbo3			85860 lb
Out	03/21/2013 12:02:46	PC302 Scale2	DW			26500 lb
					Net	59280 lb
					Tons	29.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.64	Tons				VA
2 TPT-Transportation	100	29.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Maus





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1617

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons, Cubic Yards, X Other, Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: T R

Table with 2 columns: Container Code, Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222 1A2
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Jason Manns 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-855-7210

Original
 Ticket# 808276

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Isling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1583	Brld	P403	
Destination				
OC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:06:38	PC301 Scale 1	DW		81740	lb
Out	03/21/2013 12:23:38	PC301 Scale 2	kimbo3		36920	lb
					Net	84800 lb
					Tons	27.41

Created

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
Special Misc-Tons-	100	27.41	Tons				VA
TOT-Transportation	100	27.41	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

403WM Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

40401

1583

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Other Load
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY: Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin E. Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-21-13
h) I hereby warrant that the above described material was delivered without incident of contamination on the date of delivery referenced below: 3-21-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): 3-21-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606277

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1584			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:07:52	PC301 Scale 1	DW		Tare	93640 lb 31600 lb
Out	03/21/2013 12:37:11	PC302 Scale2	kimbo3		Net	62040 lb
					Tons	31.02

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	31.02	Tons				VA
2 TPT-Transportation	100	31.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Linty



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606278

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/21/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1586			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:17:21	PC301 Scale 1	DW		Tare	65620 1b 26520 1b
Out	03/21/2013 12:39:13	PC302 Scale2	kimbo3		Net	39100 1b
					Tons	19.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.55	Tons				VA
2 TPT-Transportation	100	19.55	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

187 Manifest No. 1586

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-239P
e) Trailer or Container No.: 187
f) Name of Driver: James Harvey
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-21-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility:
Signature of Driver: James Harvey Date of Receipt: 3-21-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606281

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1588			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:20:35	PC301 Scale 1	DW		26940	1b
Out	03/21/2013 12:41:29	PC302 Scale2	kimbo3		39780	1b
					Tare	19.89
					Net	
					Tons	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.89	Tons				VA
2 TPT-Transportation	100	19.89	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C Cook



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1588

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 54 061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606279

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1570			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:18:01	PC301 Scale 1	DW		Tare	76760 lb 26320 lb
Out	03/21/2013 12:42:48	PC302 Scale2	kimbo3		Net	50440 lb
					Tons	25.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.22	Tons				VA
2 TPT-Transportation	100	25.22	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Larry Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1570

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-21-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23080
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt: 3-21-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606284

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1590			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:27:16	PC301 Scale 1	DW			55740 lb
Out	03/21/2013 12:44:15	PC302 Scale2	kimbo3			26980 lb
					Net	28760 lb
					Tons	14.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.38	Tons				VA
2 TPT-Transportation	100	14.38	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1590

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

Table with 2 columns: Container Type and Description. Includes TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 1G 221P 3089
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606282

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1646			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 12:21:09	PC301 Scale 1	DW		Tare	64480 lb 26480 lb
Out	03/21/2013 12:47:18	PC302 Scale 2	kimbo3		Net	38000 lb
					Tons	19.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.00	Tons				VA
2 TPT-Transportation	100	19.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Greg M



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1646

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606285

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1581	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	58080 lb
In	03/21/2013 12:35:21	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	03/21/2013 13:00:46	PC302 Scale2	kimbo3		Net	26520 lb
					Tons	13.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.26	Tons				VA
2 TPT-Transportation	100	13.26	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

REC



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606289

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1618			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71500 lb
In	03/21/2013 12:53:05	PC301 Scale 1	kimbo3		Tare	26540 lb
Out	03/21/2013 13:07:23	PC302 Scale 2	kimbo3		Net	44960 lb
					Tons	22.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.48	Tons				VA
2 TPT-Transportation	100	22.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1618

192

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
Generator's Representative: Bryan Peed
Telephone Number: (757) 341-0480
WASTE MANAGEMENT APPROVAL CODE: 101400VA
Common Name of Waste: Dredge Sediment
Description of Waste: Same as Above
Disposal Volume: One (1) Other Load
Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application...

Table with 2 columns: Container Type and Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1 details: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

Transfer Facility details: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2 details: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Signature of Driver, Date of Receipt.

Destination details: Disposal Facility's Name: Charles City Landfill, Physical Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone Number: (804) 966-7810, Mailing Address: Same as Above, Name of Disposal Facility's Authorized Agent (print/type), Signature of Driver, Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator details: Name, Address, Telephone Number, Recommended special handling instructions and additional information, Operator's Certification.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606293

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/21/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1582			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/21/2013 13:08:23	PC301 Scale 1	kimbo3		71780 lb	
Out	03/21/2013 13:45:47	PC302 Scale2	kimbo3		27480 lb	
					Net	44300 lb
					Tons	22.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.15	Tons				VA
2 TPT-Transportation	100	22.15	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM






Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606340

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1619			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 08:28:37	PC301 Scale 1	kimbo3		Tare	69140 lb
Out	03/22/2013 08:47:56	PC302 Scale2	kimbo3		Net	26520 lb
					Tons	42620 lb
						21.31

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.31	Tons				VA
2 TPT-Transportation	100	21.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Marcus





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

102

Manifest No. 1619

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek

j) Generating Location (Name): Same

b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2

k) Address: Same

c) Generator's Representative: Bryan Peed

l) Telephone Number: () Same

d) Telephone Number: (757) 341-0480

e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

101 400VA

f) Common Name of Waste: Dredge Sediment

m) Asbestos ONLY - Friable; Both; % Friable

g) Description of Waste: Same as Above

Non-Friable N/A % non-Friable

h) Disposal Volume: One (1)

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards Other Load

i) Number of Containers: _____

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____

Signature of Generator's Authorized Agent _____

Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: 16-222

e) Trailer or Container No.: 197

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Jason Moran 3-22-13
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill

b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) APC 322B

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____

Signature of Operator's Authorized Agent _____

Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606341

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1609			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74060 lb
In	03/22/2013 08:30:03	PC301 Scale 1	kimbo3		Tare	26760 lb
Out	03/22/2013 08:49:51	PC302 Scale2	kimbo3		Net	47300 lb
					Tons	23.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.65	Tons				VA
2 TPT-Transportation	100	23.65	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

141

Manifest No. 1609

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
f) Responsible Agency Name and Address:
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606345

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1613			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 08:40:43	PC301 Scale 1	kimbo3		Tare	72280 lb
Out	03/22/2013 09:01:41	PC302 Scale2	kimbo3		Net	26420 lb
					Tons	45860 lb
						22.93

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.93	Tons				VA
2 TPT-Transportation	100	22.93	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606346

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1587			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	73760	lb	
03/22/2013	08:41:17	PC301	Scale 1 kimbo3		Tare	26280	lb	
Out	03/22/2013	09:03:35	PC302	Scale2	kimbo3	Net	47480	lb
						Tons	23.74	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.74	Tons			VA
2	TPT-Transportation	100	23.74	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1587

Handwritten number 203

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable

n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 1G-219
e) Trailer or Container No.: 203
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 2-22-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOL 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606348

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1600			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71180 lb
In	03/22/2013 08:49:15	PC301 Scale 1	kimbo3		Tare	26520 lb
Out	03/22/2013 09:07:27	PC302 Scale2	kimbo3		Net	44660 lb
					Tons	22.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.33	Tons				VA
2 TPT-Transportation	100	22.33	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature
 403WM





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1600

089

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16 281P
e) Trailer or Container No.: 3089
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 3-22
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-22

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606351

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1598			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 08:54:37	PC301 Scale 1	kimbo3		Tare	67440 lb
Out	03/22/2013 09:13:45	PC302 Scale2	kimbo3		Net	28280 lb
					Tons	39160 lb
						19.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.58	Tons				VA
2 TPT-Transportation	100	19.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

C. Cook



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1598

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54 001 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606353

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/22/2013 Vehicle# 41547 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1595 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 03/22/2013 08:59:58	PC301 Scale 1	kimbo3		81840 lb	
Out 03/22/2013 09:34:29	PC302 Scale2	kimbo3		31760 lb	
				Net	50080 lb
				Tons	25.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.04	Tons				VA
2 TPT-Transportation	100	25.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Reilly





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41517

Manifest No. 1595

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Number of Containers: 1. I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 107 856. Trailer or Container No.: 41547. Name of Driver: Rusty. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Rusty 3-22-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-22-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [blank]. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type): HOC 3-22-13. The material delivered by the Transporter has been received at the Disposal Facility. The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Operator's Name: [blank]. Address: [blank]. Telephone Number: [blank]. Recommended special handling instructions and additional information: [blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: [blank]



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606352

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1602			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 08:57:04	PC301 Scale 1	kimbo3			62140 lb
Out	03/22/2013 09:36:02	PC302 Scale2	kimbo3			28860 lb
					Net	33280 lb
					Tons	16.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.64	Tons				VA
2 TPT-Transportation	100	16.64	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1602

1169

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606354

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1601			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 09:03:07	PC301 Scale 1	kimbo3			72620 lb
					Tare	29240 lb
Out	03/22/2013 09:47:56	PC302 Scale2	kimbo3		Net	43380 lb
					Tons	21.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.69	Tons			VA
2	TPT-Transportation	100	21.69	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

REC



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Fuller

Manifest No. 1601

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
 b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
 c) Generator's Representative: Bryan Feed
 d) Telephone Number: (757) 341-0480
 e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
 k) Address: Same
 l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
 g) Description of Waste: Same as Above
 h) Disposal Volume: One (1)
 _____ Tons _____ Cubic Yards Other Load

m) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable
 n) Type of Containers: T R

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 mil. Plastic Bag
BC	12 mil. Plastic Bag

i) Number of Containers: _____
 o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) _____ Signature of Generator's Authorized Agent _____ Shipment Date _____

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: 32115
 e) Trailer or Container No.: 41509
 f) Name of Driver: Eddie Craft
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Eddie Craft Date of Receipt 3-22-13
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver Eddie Craft Date of Receipt 3-22-13

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver _____ Date of Receipt _____
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
 Signature of Driver _____ Date of Receipt _____

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
 b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
 c) Telephone Number: (804) 966-7810
 d) Mailing Address: Same as Above
 e) Name of Disposal Facility's Authorized Agent (print/type) ADC 3-22-13
 f) The material delivered by the Transporter has been received at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver _____ Date of Receipt _____

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# E06364

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1620			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 09:43:27	PC301 Scale 1	kimbo3		69960	1b
					Tare	25900 1b
Out	03/22/2013 10:00:17	PC302 Scale2	kimbo3		Net	44060 1b
					Tons	22.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.03	Tons				VA
2 TPT-Transportation	100	22.03	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mani





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1620

1992

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE: 101400VA
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR
TYPE OF CONTAINERS: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 116-222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Jason Morris Date of Receipt: 3-22-19
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 322 B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606365

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1589			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 09:43:58	PC301 Scale 1	kimbo3			72400 lb
Out	03/22/2013 10:01:30	PC302 Scale2	kimbo3			26880 lb
					Net	45520 lb
					Tons	22.76

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.76	Tons			VA
2	TPT-Transportation	100	22.76	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1589

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1614

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable; Both; % Friable
Non-Friable N/A % non-Friable

n) Type of Containers: TR
TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-239P
e) Trailer or Container No.: 187
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

Signature of Driver James Harvey Date of Receipt 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JCC 3-22-13

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver James Harvey Date of Receipt 3-22-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606368

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1597	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81900 lb
In	03/22/2013 10:07:20	PC301 Scale 1	kimbo3		Tare	26820 lb
Out	03/22/2013 10:26:56	PC302 Scale2	kimbo3		Net	55080 lb
					Tons	27.54

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.54	Tons				VA
2 TPT-Transportation	100	27.54	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jerry Davis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

Manifest No. 1597

2003

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 76-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Leroy Davis Date of Receipt 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Leroy Davis Date of Receipt 3-22-13

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt
a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606369

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1729			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 10:08:18	PC301 Scale 1	kimbo3		Tare	64540 lb
Out	03/22/2013 10:32:47	PC302 Scale2	kimbo3		Net	26600 lb
					Tons	37940 lb
						18.97

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.97	Tons			VA
2	TPT-Transportation	100	18.97	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

0801

Manifest No. 1729

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter's Name: Thompson Trucking. Address: 16-227P. Vehicle License No./State: 3089. Name of Driver: [Signature]. Date of Receipt: 3-22.

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 4 TRANSPORTER 2 - (complete if applicable)

Transporter's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Vehicle License No./State: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature].

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Recommended special handling instructions and additional information: [Blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606371

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1747			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74580 lb
In	03/22/2013 10:14:24	PC301 Scale 1	kimbo3		Tare	26460 lb
Out	03/22/2013 10:37:48	PC302 Scale 2	kimbo3		Net	48120 lb
					Tons	24.06

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.05	Tons				VA
2 TPT-Transportation	100	24.06	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____

C. Col





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1747

160

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 mil. Plastic Bag), BC (12 mil. Plastic Bag).

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 54 061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606378

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1567	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 10:49:01	PC301 Scale 1	kimbo3		Tare	26000 lb
Out	03/22/2013 11:03:30	PC302 Scale2	kimbo3		Net	50960 lb
					Tons	25.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.48	Tons			VA
2	TPT-Transportation	100	25.48	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Person Mous





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1567

102

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16-222
e) Trailer or Container No.: 102
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Jason Mann Date of Receipt 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2: (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606376

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1730	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80700 lb
In	03/22/2013 10:42:25	PC301 Scale 1	kimbo3		Tare	31440 lb
Out	03/22/2013 11:06:28	PC302 Scale2	kimbo3		Net	49260 lb
					Tons	24.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.63	Tons				VA
2 TPT-Transportation	100	24.63	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1730

41547

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

i) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

Table with 2 columns: Container Type (TR, DM, DP, BA, BB, BC) and Description (Truck, Metal Drum, Plastic Drum, Bag, 6 mil. Plastic Bag, 12 mil. Plastic Bag)

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 107 856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Rusty Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Rusty Date of Receipt: 3-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number:
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606375

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1592			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 10:36:32	PC301 Scale 1	kimbo3		80220	lb
Out	03/22/2013 11:08:07	PC302 Scale2	kimbo3		29000	lb
					Net	51220 lb
					Tons	25.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.61	Tons			VA
2	TPT-Transportation	100	25.61	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1592

1169

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: [Signature] Date of Receipt: 3-22-13

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Date of Receipt:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 968-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature]
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606377

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1732			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 10:43:11	PC301 Scale 1	kimbo3		68440	lb
Out	03/22/2013 11:10:16	PC302 Scale2	kimbo3		30360	lb
					Net	38080 lb
					Tons	19.04

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.04	Tons				VA
2 TPT-Transportation	100	19.04	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

REC





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1732

41509

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: Eddie Craft
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606283

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1610	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 11:07:39	PC301 Scale 1	kimbo3		Tare	69240 lb 27100 lb
Out	03/22/2013 11:21:51	PC302 Scale2	kimbo3		Net	42140 lb
					Tons	21.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.07	Tons				VA
2 TPT-Transportation	100	21.07	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1610

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable; Both; % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16 238
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KC 322 B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606386

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1940	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 11:28:29	PC301 Scale 1	kimbo3		26780	1b
Out	03/22/2013 11:56:45	PC302 Scale2	DW		42040	1b
					21.02	

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.02	Tons				VA
2 TPT-Transportation	100	21.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

403WMM





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No. 1940

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1) Other Load. Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

Transporter's Name: Thompson Trucking. Address: 16221P. Telephone Number: 3089. Name of Driver: [Signature]. Date of Receipt: 3-22.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 4 TRANSPORTER 2- (complete if applicable)

Transporter's Name: [Blank]. Address: [Blank]. Telephone Number: [Blank]. Name of Driver: [Blank]. Date of Receipt: [Blank].

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23050. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature]. Date of Receipt: 3-22-B.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name (print/type) Signature of Operator's Authorized Agent Date. Operator's Address: [Blank]. Telephone Number: [Blank]. Recommended special handling instructions: [Blank]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606389

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1596	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 11:37:00	PC301 Scale 1	kimbo3		69920	1b
Out	03/22/2013 11:59:05	PC302 Scale2	DW		26820	1b
					43100	1b
					Tons	21.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.55	Tons			VA
2	TPT-Transportation	100	21.55	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harvey

403WM





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606390

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1674			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 11:37:40	PC301 Scale 1	kimbo3		Tare	77600 1b
Out	03/22/2013 12:01:10	PC302 Scale2	DW		Net	26560 1b
					Tons	51120 1b
						25.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.56	Tons				VA
2 TPT-Transportation	100	25.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Leroy Davis





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606392

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/22/2013 Vehicle# 160 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1941 Grid P4C3
 Destination
 PO 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	75440 lb
Tr	03/22/2013 11:39:41	PC301 Scale 1	kimbo3		Tare	26400 lb
Out	03/22/2013 12:03:35	PC302 Scale2	DW		Net	50040 lb
					Tons	25.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.02	Tons				VA
2 TPT-Transportation	100	25.02	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606395

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1568	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 11:53:36	PC301 Scale 1	DW			74220 lb
Out	03/22/2013 12:10:12	PC302 Scale2	DW			26540 lb
					Net	47680 lb
					Tons	23.84

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.84	Tons				VA
2 TPT-Transportation	100	23.84	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Jason Mann





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

192 Manifest No. 1568

SECTION 1 GENERATOR INFORMATION (generator to complete)

Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek. Address: Joint Expeditionary Base Little Creek Project Phase 2. Representative: Bryan Peed. Telephone: (757) 341-0480. Waste Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Disposal Volume: One (1). Type of Containers: TR.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16222. Trailer or Container No.: 192. Name of Driver: [blank]. Signature of Driver: Jason Mann. Date of Receipt: 3-22-13.

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank]. Date of Receipt: [blank].

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

Transporter's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Signature of Driver: [blank]. Date of Receipt: [blank].

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) [Signature] 3-22-13. Signature of Driver: [blank]. Date of Receipt: [blank].

SECTION 6 ASBESTOS (operator to complete)

Operator's Name (print/type) Signature of Operator's Authorized Agent Date. Responsible Agency Name and Address: [blank].



Charles City County Landfill
 9000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606397

Customer Name	MCLEAN CONTRACTING CD MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1430			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:00:43	PC301 Scale 1	DW		Tare	60980 lb
Out	03/22/2013 12:21:26	PC302 Scale2	DW		Net	30360 lb
					Tons	30620 lb
						15.31

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.31	Tons				VA
2 TPT-Transportation	100	15.31	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41509

Manifest No. 1430

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 3Q115
e) Trailer or Container No.: 41509
f) Name of Driver: Eddie Craft
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Eddie Craft Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Eddie Craft Date of Receipt: 3-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable) SECTION 5 DESTINATION (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt: 3-22-13
g) The material delivered by the transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606401

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	000i200	
State Waste Code		Gen EPA ID		
Manifest	1611	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:11:51	PC301 Scale 1	DW			70600 lb
Out	03/22/2013 12:27:39	PC302 Scale2	DW			26780 lb
					Net	43900 lb
					Tons	21.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.95	Tons			VA
2	TPT-Transportation	100	21.95	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature _____





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606402

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1731	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:13:17	PC301 Scale 1	DW			78460 lb
Out	03/22/2013 12:40:08	PC302 Scale2	kimbo3			29120 lb
					Net	49340 lb
					Tons	24.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.67	Tons				VA
2 TPT-Transportation	100	24.67	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

1169 Manifest No. 1731

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable: Both: % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: XA 73-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8006 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606403

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1943			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:14:03	PC301 Scale 1	DW		Tare	60220 lb
Out	03/22/2013 12:41:42	PC302 Scale2	kimbo3		Net	30000 lb
					Tons	15.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.00	Tons				VA
2 TPT-Transportation	100	15.00	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty



NON-HAZARDOUS WASTE MANIFEST

41547

Manifest No. 1943

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 5 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 856
e) Trailer or Container No.: 41547
f) Name of Driver: Rusty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606407

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1956			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

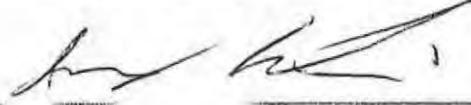
	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:50:33	PC301 Scale 1	kimbo3		Tare	70900 lb 27100 lb
Out	03/22/2013 13:19:54	PC302 Scale2	kimbo3		Net	43800 lb
					Tons	21.90

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.90	Tons			VA
2	TPT-Transportation	100	21.90	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature 





Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606410

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1957			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 12:59:34	PC301 Scale 1	kimbo3		Tare	72420 lb
Out	03/22/2013 13:28:29	PC302 Scale2	kimbo3		Net	26780 lb
					Tons	45540 lb
						22.82

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.82	Tons			VA
2	TPT-Transportation	100	22.82	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

J.R. Harney





NON-HAZARDOUS WASTE MANIFEST

187

Manifest No. 1957

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, % Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-239P
e) Trailer or Container No.: 187
f) Name of Driver: JAMES HARVEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 3-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2- (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 322-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-22-13
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 4000 Chambers Road
 Charles City, VA, 23003
 Ph: 804-966-7210

Original
 Ticket# 620411

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT
 Ticket Date 03/22/2013 Vehicle# 223 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 2001200
 State Waste Code Gen EPA ID
 Manifest 1937 Grid P403
 Destination
 PC 5551-0014
 Profile 10140000 (DREDGE SEDIMENT)
 Separator 105-NORWARDYIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:30:21	PC301 Scale 1	Kimbo?		26720	lb
Out	03/22/2013 13:31:03	PC301 Scale 2	Kimbo3		26450	lb
					Net	4200 lb
					Tax	20.13

Comments:

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100					VA
2	TOT-Transportation	100					US

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Teroy Davis



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1939

Handwritten scribble

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 74-219
e) Trailer or Container No.: 223
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: Leroy Davis Date of Receipt: 3-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JAC 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606412

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	150	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1959			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:05:11	PC301 Scale 1	kimbo3			73540 lb
Out	03/22/2013 13:37:45	PC302 Scale2	kimbo3			26620 lb
					Net	46920 lb
					Tons	23.46

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.46	Tons			VA
2	TPT-Transportation	100	23.46	Tons			VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Dispatcher's Signature

P. Cook



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1959

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY - Friable, Both, Non-Friable, N/A
n) Type of Containers: TR

Table with 2 columns: Container Type (TR, DM, DP, BA, BB, BC) and Description (Truck, Metal Drum, Plastic Drum, Bag, 6 mil. Plastic Bag, 12 mil. Plastic Bag)

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 54-061 P
e) Trailer or Container No.: 160
f) Name of Driver: Chris Cook
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Chris Cook Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

- a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KOC 322 B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606417

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1961			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:15:42	PC301 Scale 1	kimbo3			59920 lb
					Tare	30800 lb
Out	03/22/2013 13:40:22	PC302 Scale2	kimbo3		Net	29120 lb
					Tons	14.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.56	Tons				VA
2 TPT-Transportation	100	14.56	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

D403WMA's Signature



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1961

Reviews

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 411509
f) Name of Driver: Eddie Craft
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606415

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/22/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1585			
Destination		Grid	P4C3	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:10:49	PC301 Scale 1	kimbo3		78920	lb
Out	03/22/2013 14:01:07	PC302 Scale 2	kimbo3		25860	lb
					Net	52960 lb
					Tare	26.48

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.48	Tons				VA
2 TPT-Transportation	100	26.48	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature Jason Mannis





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1585

PO

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same

m) Asbestos ONLY - Friable, Both, % Friable, Non-Friable, N/A, % non-Friable
n) Type of Containers: TR

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers:
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 16222
e) Trailer or Container No.: 192
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Jason Mans Date of Receipt: 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5 DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): HOC 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

Operator is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606418

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1612			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:19:11	PC301 Scale 1	kimbo3		Tare	69100 lb 25940 lb
Out	03/22/2013 14:02:40	PC302 Scale2	kimbo3		Net	43160 lb
					Tons	21.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.58	Tons				VA
2 TPT-Transportation	100	21.58	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

Manifest No. 1612

141

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 1U239
e) Trailer or Container No.: 141
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-22-17
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) NOE 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 5000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606426

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1942			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 13:50:52	PC301 Scale 1	kimbo3		69960 lb	
Out	03/22/2013 14:15:53	PC302 Scale2	kimbo3		29260 lb	
					Net	40700 lb
					Tons	20.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.35	Tons				VA
2 TPT-Transportation	100	20.35	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 1942

1169

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: VA 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James Davis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-22-13

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 3-22-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date
f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606427

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT
 Ticket Date 03/22/2013 Vehicle# 41547 Volume
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0001200
 State Waste Code Gen EPA ID
 Manifest 1965
 Destination Grid P4C3
 PC 5551-0014
 Profile 101400VA (DREDGE SEDIMENT)
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	63660 lb
In	03/22/2013 13:51:35	PC301 Scale 1	kimbo3		Tare	30660 lb
Out	03/22/2013 14:18:08	PC302 Scale2	kimbo3		Net	33000 lb
					Tons	16.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.50	Tons				VA
2 TPT-Transportation	100	16.50	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature

Rusty



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

41547

Manifest No. 1965

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: () Same
m) Asbestos ONLY -
n) Type of Containers: T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State: 107 856
e) Trailer or Container No.: 41547
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4 TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606429

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1967			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/22/2013 14:12:55	PC301 Scale 1	kimbo3		Tare	65180 lb
Out	03/22/2013 14:50:34	PC302 Scale2	kimbo3		Net	26240 lb
					Tons	39940 lb
						19.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.97	Tons				VA
2 TPT-Transportation	100	19.97	Tons				

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

089

Manifest No. 1967

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint Expeditionary Base Little Creek Project Phase 2
c) Generator's Representative: Bryan Peed
d) Telephone Number: (757) 341-0480
e) WASTE MANAGEMENT APPROVAL CODE
f) Common Name of Waste: Dredge Sediment
g) Description of Waste: Same as Above
h) Disposal Volume: One (1)
i) Number of Containers:

j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same

Waste Management Code: 101 400VA

m) Asbestos ONLY - Friable, Both, Non-Friable, N/A

n) Type of Containers: TR

Table with 1 column: TYPE OF CONTAINERS. Rows: TR - Truck, DM - Metal Drum, DP - Plastic Drum, BA - Bag, BB - 6 mil. Plastic Bag, BC - 12 mil. Plastic Bag

i) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

Generator's Authorized Agent Name (print/type) Signature of Generator's Authorized Agent Shipment Date

SECTION 2 TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: TG 2218
e) Trailer or Container No.: 3689
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5 DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



Charles City County Landfill
 8000 Chambers Road
 Charles City, VA, 23030
 Ph: 804-966-7210

Original
 Ticket# 606432

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/22/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1938			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61300 lb
In	03/22/2013 14:28:53	PC301 Scale 1	kimbo3		Tare	27080 lb
Out	03/22/2013 14:52:36	PC302 Scale2	kimbo3		Net	34220 lb
					Tons	17.11

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.11	Tons				VA
2 TPT-Transportation	100	17.11	Tons				VA

Total Tax
 Total Ticket

In accordance with Virginia law, I certify that the contents of this load is free of any substances not authorized for acceptance at Waste Management.

Driver's Signature